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MORAL INSANITY.

THE first recorded case of homicide, and it was a fratricide too, was committed by the first-born of mankind against the second-born. Were it not for the fact that God himself adjudged the case, and imposed its penalty, thereby precluding all cavil and subtleties, the ingenious mind of a lawyer, physician, or psychologist of the present day might make a more plausible argument from the face of the record, in favor of the moral insanity of Cain, than has lately been presented in favor of any man who has been accused of crime, and in whose defense the plea of moral insanity has been urged.

Look at so much only of the record as recites the case itself (excluding the judgment upon it,) and say what possible motive, that a sane man would acknowledge, could Cain have for slaying his younger brother? If it were jealousy, it must have been a morbid jealousy, festered into an impulse, or a passion, or a loss of self-control, which for the moment left his mind unbalanced, and impelled his arm irresistibly to an act of fatal violence. Or, he may have brooded over some fancied injury, until he became the victim of homicidal insanity, and, in a moment of ungovernable impulse, may have done an awful act, from which his cool sense would have revolted. "He talked with his brother," it is recorded; and possibly his brother's words in reply may have aroused his indignation to such a pitch that, in his morbid mood, he could not restrain his hand, and so "he rose up against his brother, and slew him."

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He did not slay him, according to the record, to get his wealth, or to avenge any great personal indignity. Abel was a peaceful and unoffending man. That God preferred his offerings to Cain's, was a circumstance for which Abel was not responsible; and Cain knew it. He slew him from mere jealousy or envy, as appears, because of Abel's greater favor with God. Seemingly, a right-minded man, in the full possession of his senses, could have committed no such double crime upon so little provocation, and for no possible advantage; and, therefore, it would be fair to infer, that Cain had dwelt upon what he deemed a grievance until his senses were unsettled, and he was no longer the responsible master of his actions;—in short, that he was morally or impulsively insane.

It was the first instance of the death of a human being in the world, as well as the first instance of homicide. Cain might not have been aware that the effect of his act would be to destroy his victim. He might have struck the blow that extinguished life, without any foresight of its fatal result; as one child might strike another with no foresight of the consequences, and with no expectation or desire of a serious consequence.

If Cain's case were to be tried now, in our criminal courts, the defense of moral insanity would doubtless be set up, and it might be very plausibly maintained, on many medical and legal authorities; perhaps convincingly so to the minds of a jury, under suitable latitudinarian instructions from a judge, such as are not now uncommon.*

It is fortunate that this first case of homicide had a more competent tribunal to establish a precedent than human laws provide. Cain's punishment, although "greater than he could bear," was adjudged by God himself; and although it was not death, it was perhaps more terrible than death. What might have obscured man's judgment in considering the case of Cain, and induced leniency to his offense, could not conceal from the eye of Omiscience the flagrancy of the crime, nor the real motive of it, nor shield it from the due severity of its punishment.

In ordinary human judgment, that a man without associates or kindred, save his father, and mother, and his junior brother, and he himself well to do in the world, should rise up and slay his brother, without any direct provocation, for no motive of gain, and from mere jealousy, or envy, or hate, is so singular, that if ever a plea of homicidal insanity

* People *vs.* Smith, Murder of Carter, Philadelphia, 1857.

could be maintained in any case, it should seem that this was the very case. The only other possible homicide Cain could then commit was parricide. Yet he was adjudged by the most sufficient and perfect of all authority, for the first violence ever committed, to be a guilty man, and to suffer accordingly.

For our present purpose, we infer this moral from the case of Cain: A man may commit an act, on an impulse, without present reasoning, or from passion, overpowering his sense of right and wrong, and be fully responsible for it in the eye of divine and human tribunals; while at the same time also he is not the exact master of himself. He is *pro hac vice* insane; *inops mentis*. No absolute master of himself would commit that act, with a sense of its criminality. Hardly a blow is struck in common controversies between man and man, that is not struck when the mind is in some sort unbalanced,—crippled of the powers it possesses in a state of complete composure; or, in other words, momentarily deranged. A man of equanimity will bear a good deal of offense without avenging it by violence. Another man will commit great violence on half the provocation. Moses, who was proverbially meek, although he once slew a man, would not have slain Abel for the same cause that Cain did. His temperament was not of that character. David slew Goliath in fair fight; he also slew Uriah from a bad motive, not actually with his own hand, but by causing him to be placed in the fore-front of a hot battle, where death was certain. Still, he would not probably have slain Abel for the same cause that Cain did, any more than Moses would. Differences of motive, of constitution, of temperament, of education, of the native power of self-control, while they may reasonably modify responsibility or punishment, do not efface criminality. Its more or less pardonableness makes it more or less criminal in the particular instance, but the stamp of criminality still remains more or less forcibly impressed, and is the token of punishableness to a degree.

The question of moral insanity involves chiefly crimes, and is of very modern suggestion. The phrase itself is the invention of Dr. Pritchard. It was adopted in good faith, to define a particular phase of a disease, long known under the general name of insanity, and described by Pinel, as *manie sans délire*, and by Esquirol, in its most marked manifestation, as *impulsive homicidal mania*. Insanity has its phases, of a more diversified and inscrutable character, perhaps, than most diseases; and therefore, for the purposes of medical science, requires a

more diversified nomenclature to express and define its varieties. The aptness of the nomenclature will of course depend somewhat on the aptness of him who selects and applies it; and we are inclined to think that Dr. Pritchard was unhappy in his choice of terms. At least, an unhappy application of them has caused a suspicion as to the real existence of the particular form of disease which he meant to define; and has involved both medical men and jurists in a mist which it is difficult to disperse.

Esquirol, whose name is famous and authoritative on the general subject of insanity, had the disadvantage of making his observations, and drawing his conclusions, during the comparative infancy of medical science with respect to the nicer shades of that disease. Since his day, a multitude of observers and experts have occupied the field of his research; and it is no imputation on any man's credit or skill that he had not at first discovered all that the observations and experience of so many followers, guided into the track by himself, may have discovered in the lapse of more than a quarter of a century that is distinguished for its rapid advance in accurate investigations.

Esquirol classified insanity; and his second class of it is commonly designated as impulsive homicidal mania. This classification, in consequence of its liability to embrace within its verbal definition, and to shield from punishment a great mass of crimes of the most atrocious character, should, notwithstanding the high reputation of Esquirol and some of his followers, be exposed to the test of the most convincing facts and experience, before it is allowed to stand as an authorized and distinctive classification. That such a form of insanity has been enunciated by him, or other respected authorities, is a shadow only, and not an assurance, of its existence. Errors in medical science, as well as in other sciences, creep on from generation to generation undetected, until they are finally extinguished by a series of facts and observations, which fix the truth beyond any reasonable cavil. Violence against the person and against property is now so prevalent, that we should be more than commonly cautious of recognizing any doubtful form of insanity that will shield it; and it is safe to assume that unless we know upon competent proof, that some form or other of physical disease has produced 'a state of insanity,' it is not just to society, to claim for any homicide, or other violence, the protection of such a defense. The greater accuracy of investigation into the history of cases which is now demanded, and which is carefully bestowed by a host of observers

and adepts, certainly shows that many cases which might heretofore have been classed as impulsive homicidal mania, do not justify the epithet of *impulsive*, in any sense of the legal term insanity. Many are homicidal in the *guilty* sense only, as clearly as Cain's case was; and some in the proper sense of insanity as understood by the law, and conceded by the popular sentiment. An accurate knowledge of antecedent facts, and a thorough and discriminative analysis of them would doubtless detect in a large majority of the cases included within Esquirol's second class, such a state of past or existing disease, or of insane tendencies, as would resolve this class into his first class of insanity, or some other distinct and well acknowledged form of it; or into such a state of evil habitudes as neither amounts to insanity, nor offers any particular claim to human clemency in the administering of punishment.

What Esquirol suggested by the term impulsive mania in respect to homicide, has been seized upon to cover other forms of crime, until even forgery has been claimed to be an impulsive mania, and therefore to be under the fair protection of a plea of insanity. Now if anything in the world has less that is impulsive about it, or less of any kind or description of insanity in it, than forgery, we confess to a strong curiosity to know what it can possibly be. The act of forgery is a deliberate act in itself, and implies at least so much premeditation as requires the forger to reflect upon what name he shall use, and how he can make an imitation of it pass upon somebody for a genuine signature. Or if, as in Huntington's case, no imitation of signatures is attempted, but the very confidence that what he offers will not be questioned, and that his own name will, by disarming suspicion, give credit to his imposture, (as many names will in some favored localities,) refutes the idea of insanity, except in the sense of recklessness of discovery and its consequences.

That many insane men commit felonies, or what would be deemed such if committed by sane men, is unquestionable; but they cannot be anything less than felonies in the eye of the law, until actual insanity is proved. Insanity, which means disease or its effects, is what the law looks for, and not for any such nice distinctions as psychologists, doctors, or advocates may invent or discover. The law does not care whether the insanity is intellectual or moral; it only wants due proof of insanity, and it is satisfied. In a legal aspect, therefore, it is only necessary for an expert to assure himself of a physical cause, in order to enable him to say con-

entiously, as an expert, that the person disturbed by what he may deem moral insanity, is of unsound mind in consequence of physical disease or its results. If he is prepared to give that testimony, he can protect the morally insane from all the penalties of crime, without resorting to any subtle and confusing distinctions of intellectual or moral mania.

Physical disease, congenital, acute, or chronic, may doubtless affect the moral as well as the intellectual faculties. When the affection is so violent, however, as to produce a result which would ordinarily be criminal, and the proof of the cause is satisfactory, it is insanity without any qualification. It is a disturbance of the mind, or of the usual powers which govern human conduct, produced by disease, and therefore sheltering its victim from responsibility for acts which are the result of that particular state of mind. But a distinction must always be observed between disease, and those common and casual differences of habits, temperament, and constitution which so vary and modify the human faculties that hardly any man can claim to be perfect of intellect or of affections. A temporary fit of drunkenness is not disease in the sense defined; but *delirium tremens*, the result of habitual drunkenness, might be so. Half the insanity in the world grows out of evil indulgence: the indulgence is not to be defended; but the disease it results in, which impairs many human faculties, and makes a man insane or idiotic, demands a reasonable exemption from the responsibilities of sanity.

The distinction of body and mind, or body and soul, is old, and universally recognized. The multiplied refinements on that distinction are newer, and not so generally admitted. So far as the analysis of the mind is concerned, there is still, notwithstanding the ability which has been displayed in discussing it, great confusion. The general feeling seems to be that the body, the mere physical part, is the subject of disease and death; and that the mind or soul, although affected and disturbed by the diseases of the body, is not the subject of death, but is immortal. It may be impaired more or less seriously, and even seemingly extinguished, by bodily disease; but there is always some spark to flash up, faintly perhaps, to show its immortality. Whatever philosophers, psychologists, or infidels may think, every attempt to confound the body and the soul in a common destruction, has proved repugnant to the sense and feeling of mankind; and the general conviction is that the soul survives the body, and is a different thing from the body, and in a certain sense independent of it, although as a matter of religious belief they are both finally to be reunited forever.

It has been assumed by some that the mind is divisible, as it were by some obvious boundary lines, into a variety of intellectual and moral faculties, somewhat independent of each other, and nearly as distinguishable from each other as the body itself is from the mind; that particular portions of the brain are the precise seat of particular faculties of the mind; that the intellectual faculties may be impaired, or the moral faculties may be impaired, distinctly from each other, as the body may be often diseased without any other apparent effect upon the mind, except in some diseases to elevate and sharpen it, in others to benumb and cloud it.

Out of such distinctions as these grows the doctrine of moral insanity as distinguished from intellectual unsoundness. It is a refinement that may suit psychologists and minute philosophers, but cannot well be adopted by the clumsier professions of law and medicine, nor adapted to the usual realities of human society. What men *do*, more than what men *think* or *feel*, is the first subject that interests the law: what *ails* the body, and how the ailment affects the mind, and how it can be remedied, is what first concerns physic. The psychologist takes a wider range, and considers both the body and the soul, not only in connection, but in disjunction, and that in a refined and abstract way a little out of the reach of the mass of minds. His deductions are too subtle to be used or applied by the usual tribunals of judge and jury for practical use.

A sound mind in a sound body is deemed to be the perfection of humanity. It is a possible, but by no means a common perfection. It is doubtful whether a wholly sound mind can exist in an unsound body, although remarkable instances have been recorded where some of the faculties of the mind have been much exalted and brightened by infirmities of the body. This circumstance usually implies, however, that some other faculties are impaired in the same proportion.

As regards the intellect, a defect of memory is not an uncommon characteristic of persons whose reasoning faculties and whose fancy are of the highest and most perfect order, to say nothing of the moral faculties. This defect is not necessarily caused by disease, but may be congenital, or the consequence of a neglect of the training and exercise of that particular faculty. Still, a serious impairment of it is often the result of disease, and of senility. Even in the prime of life, the memory of facts, dates, and details may be very defective, while the power of reasoning is in great perfection. A weakness of memory

is nevertheless a defect, or it may be a disease; yet under many circumstances, although a manifest intellectual failing, it is not reputed to be insanity, in the common sense of the word, nor even of itself indicative of it.

The imagination and the fancy are traits of a *perfect* mind; but such traits may be wanting, without any suspicion of insanity.

In like manner, some men are constitutionally more sensitive than others. They are easily affected by circumstances which touch their moral feelings or affections, and allow their judgments to be overruled by them. We therefore impute to them weakness of mind. They are not like other men in the *equilibrium* of their faculties. But this is not insanity.

Whatever the perfect standard of humanity may be, it is observable that we can not cite one particular case of it. We say that such a man is great and good—as near perfection as poor human nature ever is—but that he had his vices, his weakness, or his failings. Since the day that Adam fell, it has not been possible to say of any mere human being that he was without spot, blemish, or defect.

If, then, no man is perfect both in body and in mind, the question is, what imperfections may exist without impairing sanity, which is the normal condition of man; or rather, perhaps, what imperfections constitute insanity, which is an abnormal condition? To say that *every* defect is insanity, is to pronounce every man insane: to say that *no* defect is insanity, is to pronounce every man sane. A line must be distinctly drawn somewhere between such extreme points, so long as sanity and insanity are generally believed to exist, else crime would go unpunished, and society unprotected and ungoverned.

For the purposes and ends of human government, the law has fixed the line (which has deflected somewhat from its original bent according to exigencies,) and it now runs mainly thus:

If there be any *disease of the body* that produces any *distinguishable change in the mind*, as to any of its faculties, powers, or affections, whereby its efficiency to control itself is weakened or impaired, to an extent that indicates the effect of disease, either generally, or as respects any particular faculty, power, or affection, such a change, produced by such a cause, is unsoundness of mind, legally, as well as psychologically. What the law requires to know is simply the *fact* and the *extent* of such unsoundness, and its connection with a particular act; the psychologist and the moralist may go as much farther in their investigations

as may be necessary to satisfy their special purposes of research. Whenever it is established, as a scientific *fact*, that a certain form of physical disease impels a human being irresistibly and beyond the ordinary power of self control, to homicide, another form to theft, another to lying, another to incendiarism, and another to forgery; and that the impulses to these crimes are the usual effects of the disease, the *fact* will be recognised by the law, in every case in which it is established by sufficient proof, and allowed to stand as a sufficient exculpation from the alleged crime which is the characteristic result of the disease. The disease however, is not to be *inferred* from the act, but the act must be shown to be the *result* of the disease. Otherwise, a very wide latitude would be allowed; inasmuch as many acts are so similar that if they are admitted to spring invariably from the same cause or motive, because of their likeness to each other, so great is the power of simulation and dissimulation, all crime would soon be resolved into insanity.

Nowadays, questions of insanity are not passed upon by legal tribunals without a hearing of experts, or those assumed to be such. Many men, it is true, are assumed to be such who are not particularly adept in questions of that character. If an acknowledged expert will but testify directly, after a due and sufficient examination of the case of an alleged criminal, that he is *insane*, it matters not whether the insanity manifests itself through the intellectual or through the moral faculties; it is still insanity in the eye of the law, and is entitled to the privileges and immunities of insanity, without splitting hairs betwixt north and northwest side to define the difference of one shade of insanity from another. The law must decide such matters in the rough; their niceties are beyond it.

For all legal purposes, then, it seems idle to suffer the special defense of *moral* insanity. The substantive term is sufficient, without the adjective qualification; and the qualification besides, is too shadowy, fluctuating, indefinable, and disputable, to be firmly grasped by the law, and fixed by that precise definition which is necessary to make a "rule of action," which the law is defined to be, and without which it can not be *law*.

That a man may have a clear perception and consciousness of right and wrong, and the full use of his reason, and yet be so infirm of will that sometimes he cannot refrain from doing what he knows to be wrong, or persist in doing what he knows to be right, is so true that the

doctrine of moral insanity can derive no aid from the position. It is the usual condition of those, who, in plain speaking times, were called *bad men*. St. Paul puts it on the right footing. "If I do that I would not, it is no more *I* that do it, but *sin* that dwelleth in me." Sin is the real *criminal* of the old law, which it sought to punish; and as the old judges were scripturally as well as legally, well-read, they had good reason to think that sin had more to do with homicides and other violations of law than insanity, and took their position accordingly; determined to mesh sin if they could, but willing to let madness go free. St. Paul further describes a good many cases that are now classed as cases of moral insanity. "The good that I would, I do not; but the evil which I would not, that I do." This is being helpless enough, it would seem, to exculpate a man from the penalty of such omissions and commissions; but the drift of his argument does not tend that way. It seems to be rather that the will is oftener right than the passions, but the passions are often too strong for the will; yet when the passions get the victory, as they are very apt to do, according to St. Paul, some modern judges and doctors are disposed to attribute it to moral insanity, while it is simply and only human depravity.

An old divine of celebrity, who wrote certain books of ecclesiastical polity, which in respect to general positions, are universally allowed to be marked by the greatest wisdom, expresses himself with effect and pertinency to our present argument as follows:

"What we do *against* our will, or *constrainedly*, we are not properly said to *do*, because the motive cause of doing it is not *in ourselves*, but carrieth us, as if the wind should drive a feather in the air, we no whit furthering that whereby we are driven."

(This refers to cases of duress, or compulsion by fright, or force, applied to sane men.)

"In such cases therefore," he proceeds, "the evil which is done moveth compassion; men are pitied for it, as being rather *miserable* in such respect, than *culpable*."

(They are not culpable by law; but those who impose the duress or compulsion are.)

"Some things are likewise done by men, though not through *outward* force and impulsion, though not *against*, yet *without* their wills; as in *alienation* of mind, or any the like *inevitable* utter absence of wit and judgment. For which cause, no man did ever think the hurt-

ful actions of *furious men and innocents*, (i. e. idiots,) to be *punishable*."

(This distinction covers insanity and idiocy, in all their phases.)

"Again" he proceeds, "some things we do neither *against* nor *without*, and yet not simply and merely *with* our wills, but with our wills in such sort moved, that albeit there be no *impossibility* but that we *might*, nevertheless we are not so *easily able* to do otherwise. In this consideration, one evil deed is made more *pardonable* than another."

(This distinction touches very closely cases of criminality, and particularly many of those in which moral insanity is claimed as a defence.)

"Finally," he says, "that which we do being *evil*, is notwithstanding by so much more *pardonable*, by how much the *exigence* of so doing, or the *difficulty* of doing otherwise is greater; *unless* this necessity or difficulty have originally risen from *ourselves*. It is no *excuse* therefore unto him, who being drunk committeth incest, and allegeth that his wits were not his own; inasmuch as himself might have chosen, whether his wits should by that mean have been taken from him."

In all these passages, it is to be observed, Hooker is arguing simply with reference to the law of nature, or of reason, and not with reference to the divine law as revealed in the scriptures of the Old or the New Testament. But his distinctions are therefore to be regarded as those which govern the actions of men in all human governments which are not absolutely barbarian; and they are, moreover, very good common law.

The general tendency of the doctrine of moral insanity is bad, whatever show or real feeling of humanity there may be in it. It is bad, in a religious view, because it tempts men to indulge their strongest passions, under the false impression that God has so constituted them that their passions or impulses are not generally governable by their will or their reason, and that, therefore, there is no punishable guilt in indulging them. This is fatalism. It is bad in a legal view, because it protects from due punishment offenses which, with the self-denial and self-control that men rightly trained and rightly disposed are quite capable of exercising, might be avoided. It tends to give to bad education, loose habits, vicious indulgence, neglected parental control, and disobedience to God, an immunity from the prescribed penalties of crime, that is not warranted by the Scriptures, the law of reason, or any codes of human law that assume to be founded on the law of reason or the law of God.

We can not, therefore, concur in recognizing as physical disease, without clear absolute proof of its being such, after a most thorough examination by the most thorough experts, any distinctive form of insanity that is so liable to disorganize and nullify the code of criminal law as moral insanity is. It is elastic enough, if well stretched, to cover every possible shade and degree of criminality, that has not a transparent guilty motive. It has already been made a cloak for homicide, arson, theft, lying, and drunkenness, under characteristic though somewhat barbarous technical terms. It has *almost* protected the most conventional of all crimes, forgery; and probably would have done so if the dead languages could have supplied a proper sounding phrase to describe such a novel form of mania, and that would delude courts and juries into a belief that such a phrase implied some scientific or psychological discovery to take the guilt out of sin, and convert crime into innocence; which, we conclude, is the ultimate result of the doctrine of moral insanity.

THE INSANITY OF REV. SIMON BROWNE.

FOR more than a hundred years past, the singular case of **SIMON BROWNE** has occupied a place in every English biographical work. To many of our readers, it will, notwithstanding, be new—and even though not new, such instances must always be full of interest. Mr. Browne was born (1680) at Shepton Mallet, in Somersetshire. He was not yet twenty when he began to preach. He ministered for several years most acceptably to a dissenting congregation in Portsmouth, and then, much to the regret of the people, removed to London. Here he took charge of the large and respectable congregation of dissenters in the Old Jewry, where he preached for about seven years with the highest reputation, and made himself greatly beloved. In 1723, he lost, by death, his wife, and only son. This double bereavement affected him intensely. His condition for a time was little short of distraction. The result was confirmed melancholia of an extraordinary character.

Such was the origin and immediate cause to which the insanity of Simon Browne has generally been referred. Almost a century after the event, a different explanation was given in the *Protestant Dissenters'*

Magazine. The domestic affliction was thought to be inadequate to such a result, and the following story was told as suggesting a more satisfactory explanation. "Mr. Browne, being in company with a friend, they were attacked by a highwayman, who presented a pistol, and demanded their money. Mr. Browne, being courageous, strong, and active, disarmed him, and seizing him by the collar, they both fell to the ground. In the struggle to overpower him, Mr. B., at length getting uppermost, placed his knee on the highwayman's breast, and by that means confined him while his companion rode to town, at a distance, for help to secure him. After a considerable time he returned with assistance; upon which Mr. Browne arose from off his man to deliver him up to safe custody, but to his unspeakable terror, the man was dead."

It requires considerable credulity to believe the story as above related; and something more feeble even than credulity, to accept it as a more satisfactory cause of Mr. Browne's derangement, than that great affliction to which it has generally been traced, and with high probability ascribed.

Under the shock which his mind sustained, Mr. Brown not only desisted from all the duties of the ministry, but refused to join in any act of worship, either public or private. He imagined that "Almighty God, by a singular instance of divine power, had, in a gradual manner, annihilated in him the thinking substance, and utterly divested him of consciousness: that though he retained the human shape, and the faculty of speaking, in a manner that appeared to others rational, he had all the while no more notion of what he said than a parrot. And very consistently with this he looked upon himself as no longer a moral agent, or as a subject of reward and punishment." In this persuasion he continued with little variation as long as he lived. It grieved him exceedingly that others would not take the same view. Regarding it as a case of simple experience, and personal consciousness, in regard to which, he and he alone was competent to testify, he considered the unbelief of others, as an impeachment of his veracity, and felt deeply hurt whenever it occurred. If after all his solemn asseverations, he still perceived his friends to be incredulous, he would represent their unbelief as a judicial dispensation from heaven—designed to enhance his punishment. For a long while he would permit no prayers to be offered for him. Like Cowper, he refused, even to say grace at table. Once, being importuned by a friend at whose board he was, to say

grace, he repeatedly excused himself. But the request being repeated, and the company kept standing, he manifested tokens of great distress, and after some irresolute gestures and hesitation, expressed with great fervor, this ejaculation: "Most merciful and Almighty God, let thy Spirit which moved upon the face of the waters when there was no light, descend upon me; that from this darkness there may rise up a man to praise thee." On another occasion, when he was earnestly solicited to say grace, he at length complied, expressing himself as follows: "Lord, I am nothing; I ask nothing, and I want nothing; but bless these good creatures to those who are about to receive them."

For a time after the first access of his disorder, it assumed a suicidal tendency. But this all passed away, and he became comparatively serene and cheerful. He considered himself as one who, though he had little to hope, had nothing to fear. When the conversation did not turn upon himself as it was generally rational and serious, so was it often lively and pleasant. Still his opinion concerning himself sometimes led him into inconsistencies,—and when these were pointed out to him, he would sometimes seem greatly puzzled.

Notwithstanding the existence of this strange delusion, his faculties in every other respect appeared to be in full vigor. He continued to apply himself to his studies, and discovered the same force of understanding which had before distinguished him, both in his conversation and in his writings. His conceptions were clear, and his powers of reasoning were strong.

Compelled, of course, to quit the ministry, he retired to his native town. Here, for a time, he amused himself with translating several parts of the ancient Greek and Latin poets into English verse. He composed rudimentary books for children. With much learning he brought together in a short compass all the *Themata* of the Greek and Latin tongues, and to each of these works he compiled a dictionary, in order to render the learning of both those languages more easy and compendious. It is said that while he was thus employed, a friend happened to call, and to ask what he was doing. He replied, "I am doing nothing that requires a reasonable soul; I am making a dictionary; but you know thanks should be returned to God for every thing—and therefore for dictionary-makers."

It does not appear that any of these works were published. The last two years of his life were employed in defending the truth of Christianity against some of the deistical writers of the day, and in

recommending mutual candor to Christians, especially in regard to their differing opinions on the subject of the Trinity. His reply to one of Woolston's discourses, and his "Defense of the Religion of Nature and of the Christian Revelation," in answer to Tindal's attack, are mentioned by Leland as well-reasoned and clearly written pieces. Of these two, the last named was allowed to be the best which that controversy produced. In composing them he had but little aid from books or from intercourse with other minds; yet they discover a great extent of knowledge, and an intellect in full vigor.

And yet the man who had the heart and the mind necessary for the production of such a work, actually wrote for it the following "Dedication" to Caroline, the Queen of England.

"MADAM:—Of all the extraordinary things that have been tendered to your royal hands, since your first happy arrival in Britain, it may be boldly said, what now bespeaks your Majesty's acceptance is the chief? Not in itself indeed; it is a trifle unworthy of your exalted rank, and what will hardly prove an entertaining amusement to one of your Majesty's deep penetration, exact judgment, and fine taste, but an account of the author, who is the first being of the kind, and yet without a name.

"He was once a man, and of some little name, but of no worth, as his present unparalleled case makes but too manifest; for by the immediate hand of an avenging God, his very thinking substance has, for more than seven years, been continually wasting away, till it is wholly perished out of him, if it be not utterly come to nothing. None, no, not the least remembrance of its very ruins remains,—not the shadow of an idea is left, nor any sense that so much as one single one, perfect or imperfect, whole or diminished, ever did appear to a mind within him, or was perceived by it.

"Such a present from such a thing, however worthless in itself, may not be wholly unacceptable to your Majesty, the author being such as history can not parallel; and if the fact, which is real and no fiction, nor wrong conceit, obtains credit, it must be recorded as the most memorable and indeed astonishing event in the reign of George II, that a tract composed by such a thing was presented to the illustrious Caroline; his royal consort needs not be added; fame, if I am not misinformed, will tell that with pleasure to all succeeding times.

"He has been informed that your Majesty's piety is as genuine and eminent as your excellent qualities are great and conspicuous. This can, indeed, be truly known to the great searcher of hearts only; He, alone, who can look into them, can discern if they are sincere, and the main intention corresponds with the appearance; and your Majesty can not take it amiss, if such an author hints that His secret approbation is of infinitely greater value than the commendation of men, who may be easily mistaken, and are too apt to flatter their superiors.

grace, he repeatedly excused himself. But the request being repeated, and the company kept standing, he manifested tokens of great distress, and after some irresolute gestures and hesitation, expressed with great fervor, this ejaculation: "Most merciful and Almighty God, let thy Spirit which moved upon the face of the waters when there was no light, descend upon me; that from this darkness there may rise up a man to praise thee." On another occasion, when he was earnestly solicited to say grace, he at length complied, expressing himself as follows: "Lord, I am nothing; I ask nothing, and I want nothing; but bless these good creatures to those who are about to receive them."

For a time after the first access of his disorder, it assumed a suicidal tendency. But this all passed away, and he became comparatively serene and cheerful. He considered himself as one who, though he had little to hope, had nothing to fear. When the conversation did not turn upon himself as it was generally rational and serious, so was it often lively and pleasant. Still his opinion concerning himself sometimes led him into inconsistencies,—and when these were pointed out to him, he would sometimes seem greatly puzzled.

Notwithstanding the existence of this strange delusion, his faculties in every other respect appeared to be in full vigor. He continued to apply himself to his studies, and discovered the same force of understanding which had before distinguished him, both in his conversation and in his writings. His conceptions were clear, and his powers of reasoning were strong.

Compelled, of course, to quit the ministry, he retired to his native town. Here, for a time, he amused himself with translating several parts of the ancient Greek and Latin poets into English verse. He composed rudimentary books for children. With much learning he brought together in a short compass all the *Themata* of the Greek and Latin tongues, and to each of these works he compiled a dictionary, in order to render the learning of both those languages more easy and compendious. It is said that while he was thus employed, a friend happened to call, and to ask what he was doing. He replied, "I am doing nothing that requires a reasonable soul; I am making a dictionary; but you know thanks should be returned to God for every thing—and therefore for dictionary-makers."

It does not appear that any of these works were published. The last two years of his life were employed in defending the truth of Christianity against some of the deistical writers of the day, and in

recommending mutual candor to Christians, especially in regard to their differing opinions on the subject of the Trinity. His reply to one of Woolston's discourses, and his "Defense of the Religion of Nature and of the Christian Revelation," in answer to Tindal's attack, are mentioned by Leland as well-reasoned and clearly written pieces. Of these two, the last named was allowed to be the best which that controversy produced. In composing them he had but little aid from books or from intercourse with other minds; yet they discover a great extent of knowledge, and an intellect in full vigor.

And yet the man who had the heart and the mind necessary for the production of such a work, actually wrote for it the following "Dedication" to Caroline, the Queen of England.

"MADAM:—Of all the extraordinary things that have been tendered to your royal hands, since your first happy arrival in Britain, it may be boldly said, what now bespeaks your Majesty's acceptance is the chief? Not in itself indeed; it is a trifle unworthy of your exalted rank, and what will hardly prove an entertaining amusement to one of your Majesty's deep penetration, exact judgment, and fine taste, but an account of the author, who is the first being of the kind, and yet without a name.

"He was once a man, and of some little name, but of no worth, as his present unparalleled case makes but too manifest; for by the immediate hand of an avenging God, his very thinking substance has, for more than seven years, been continually wasting away, till it is wholly perished out of him, if it be not utterly come to nothing. None, no, not the least remembrance of its very ruins remains,—not the shadow of an idea is left, nor any sense that so much as one single one, perfect or imperfect, whole or diminished, ever did appear to a mind within him, or was perceived by it.

"Such a present from such a thing, however worthless in itself, may not be wholly unacceptable to your Majesty, the author being such as history can not parallel; and if the fact, which is real and no fiction, nor wrong conceit, obtains credit, it must be recorded as the most memorable and indeed astonishing event in the reign of George II, that a tract composed by such a thing was presented to the illustrious Caroline; his royal consort needs not be added; fame, if I am not misinformed, will tell that with pleasure to all succeeding times.

"He has been informed that your Majesty's piety is as genuine and eminent as your excellent qualities are great and conspicuous. This can, indeed, be truly known to the great searcher of hearts only; He, alone, who can look into them, can discern if they are sincere, and the main intention corresponds with the appearance; and your Majesty can not take it amiss, if such an author hints that His secret approbation is of infinitely greater value than the commendation of men, who may be easily mistaken, and are too apt to flatter their superiors.

"But if he has been told the truth, such a case as his will certainly strike your Majesty with astonishment, and may raise that commiseration in your royal breast which he has in vain endeavored to excite in those of his friends, —who, by the most unreasonable and ill-founded conceit in the world, have imagined that a thinking being could for seven years together live a stranger to its own powers, exercises, operations, and state, and to what the great God has been doing in it and to it.

"If your Majesty, in your most retired address to the King of kings, should think of so singular a case, you may, perhaps, make it your devout request, that the reign of your beloved sovereign and consort may be renowned to all posterity by the recovery of a soul now in the utmost ruin—the restoration of one utterly lost at present amongst men.

"And should this case affect your royal breast, you will recommend it to the piety and prayers of all the truly devout, who have the honor to be known to your Majesty. Many such doubtless there are, though courts are not usually the places where the devout resort or where devotion reigns. And it is not improbable that multitudes of the pious throughout the land may take a case to heart, that under your Majesty's patronage comes thus recommended.

"Could such a favor as this restoration be obtained from Heaven by the prayers of your Majesty, with what a transport of gratitude would the recovered being throw himself at your Majesty's feet, and adoring the divine power and grace, proffer himself.

"Madam,

Your Majesty's most obliged and dutiful servant,

SIMON BROWNE.

This unique dedication never reached the eye of royalty. The friends of Mr. Browne apprehensive perhaps, that it would weaken with the public the effect of his argument, took care to have it suppressed. Nearly twenty years after the death of Browne, Dr. Hawkesworth published this dedication in the *Adventurer*, as a literary curiosity. Referring to this case, Dr. Aikin makes the following remark: "Of all the recorded delusions, to which the human mind is subjected, none, perhaps, is more remarkable than this, which apparently could not be put into a form of words for description without demonstratively proving its fallacy."

Mr. Browne survived but a short time the publication of his answers to Woolston and Tindal. He died (1732) aged 52, from a complication of disorders brought on by the want of exercise. His merits are summed up by one of his biographers in these words: "His learning and knowledge were extensive. His theological sentiments were liberal, and he was a zealous advocate for freedom of inquiry. His piety and virtue were distinguished and exemplary; and he was animated by an

ardent zeal for the interests of rational and practical religion. His abilities made him respected, and his virtues rendered him beloved; but such was the peculiarity of his case, that he was at once an evidence of the dignity, and of the weakness of human nature."

Just fifty years after poor Browne and all his troubles had been laid to rest, his strange case was presented to the consideration of a similar, though far more distinguished sufferer. The Rev. John Newton, having met with this story of Browne, made haste to communicate it to his friend Cowper. So plain a case of delusion, he thought must convince even Cowper, that self-deception in such matters was possible, and that his terrible impressions might be as baseless, as those of Browne certainly were. Had Mr. Newton better understood the nature of insanity, and the right way of dealing with its unfortunate subjects, he would never have attempted to cure the malady in that way. We give in full, Cowper's characteristic answer.

To the Rev. John Newton.

March 14, 1782.

"**MY DEAR FRIEND** :—I was not unacquainted with Mr. Brown's extraordinary case, before you favored me with his letter and his intended dedication to the Queen, though I am obliged to you for a sight of those two curiosities, which I do not recollect to have ever seen till you sent them. I could, however, were it not a subject that would make us all melancholy, point out to you some essential differences between his state of mind and my own, which would prove mine to be by far the most deplorable of the two. I suppose no man would despair, if he did not apprehend something singular in the circumstances of his own story—something that discriminates it from that of every other man, and that induces despair as an inevitable consequence. You may encounter his unhappy persuasion with as many instances as you please of persons who, like him, having renounced all hope, were yet restored; and may thence infer that he, like them, shall meet with a season of restoration; but it is in vain. Every such individual accounts himself an exception to all rules, and therefore the blessed reverse that others have experienced affords no ground of comfortable expectation to *him*. But, you will say, it is reasonable to conclude that as all your predecessors in this vale of misery and horror have found themselves delightfully disappointed at last, so will you;—I grant the reasonableness of it; it would be sinful, perhaps, uncharitable to reason otherwise; but an argument, hypothetical in its nature, however rationally conducted, may lead to a false conclusion; and in this instance so will yours. But I forbear. For the cause above mentioned, I will say no more, though it is a subject on which I could write more than the mail would carry. I must deal with you as I deal with poor Mrs. Unwin, in all our disputes about it, cutting all controversy short by an appeal to the event.

W. C."

CASE OF DEMENTIA FOLLOWING MELANCHOLIA.

THE following case from the records of the New York State Lunatic Asylum, seems to possess points of interest sufficient to justify its transfer to the pages of the JOURNAL.

Mrs. H. was born in Vermont, in 1834. Her immediate ancestry, though healthy as far as any decided mental alienation was concerned, were intemperate, and on the paternal side eccentric. She was amiable and industrious, her health had usually been good, though as her friends remark, she was of a "very strong nervous temperament." She was married in 1846. Her husband proved to be a harsh, improvident man, and her domestic trials and troubles were many. Hard work, anxiety and care rapidly impaired her health mentally and physically, and at the end of four years she sank into melancholia, and required constant care and attention. She remained in this condition, sometimes brightening up a little, and kindling in the minds of her friends, a hope of restoration, and again relapsing, until the spring of 1854, when she gave birth to her fourth child. A prolonged paroxysm of excitement and violence supervened immediately after confinement, for the treatment of which she was brought, three months afterwards (July 7th, 1854) to the asylum.

At the time of her admission she was pale, feeble, and emaciated; seldom spoke, manifested no interest in anything about her, expressed no wants, disregarded personal cleanliness, and was violent and destructive. Her attempts at self-destruction were constant, and in many instances very ingenious.

During the hours devoted to bathing she would always be found stealthily watching an opportunity to enter and conceal herself in the bath-room. One morning, about two months after her admission, an attendant had drawn a little boiling water for some private purpose, and while engaged in the bath-room, stepped to the door for a moment to ascertain the cause of a slight disturbance upon the corridor. Mrs. H. rushed by her, sprang into the tub, and had it not been for the shallowness of the water and the prompt interference of the attendant, would have succeeded in her purpose of suicide. As it was, her lower limbs were very severely scalded.

She was placed in bed, the denuded surfaces dressed with mucilage, and stimulants and anodynes administered as required. Reaction was speedy, and she spent the remainder of the day and night comfortably. The following morning she had two convulsive attacks, which were repeated at intervals during the day, and at night had so greatly prostrated her, that chloroform was administered by inhalation with a view of controlling them. She was kept more or less under its influence until noon of the next day, when it seemed to have fully effected the purpose for which it was prescribed. The wounds were treated in the usual manner, and healed very rapidly. The accident effected no change in her mental condition.

During the winter she was taught to form habits of cleanliness, and would occasionally occupy herself in the ironing-room, the warmth of which she seemed to enjoy. In February she began to take food and medicine without the opposition which she had previously made to their administration, and improved rapidly in bodily health. An interest was awakened in the preparation of articles for a ladies' fair, which was soon after held in the institution; and to arouse her former feelings of affection for her family and friends, her mother was requested to write a letter, to which the following is a reply.

State Lunatic Asylum, Utica, N. Y. April 20, 1855.

MY DEAR, DEAR MOTHER:—Last evening I had the pleasure, the intense happiness, of reading your letter. Oh! how glad I am to hear from you. Though, dearest mother, a few weeks ago I might have torn your much valued letter to pieces, I now regard it as a *treasure*. Is my dear father yet alive? Do not wonder at this question, for I have had such strange dreams. For a few weeks past, I have thought a great deal about going home, of seeing my friends, and of being myself again, and if God the author of our existence is willing, I shall soon be able to see you. Mother, do you know anything about my children? The last I can remember about my dear Alice, she was on the bed with me asleep at home. I remember distinctly of being with Anthony, and Corinne, and dear little Marie Johnson, in the field looking for strawberries: that is the last recollection I have of them. How often I have really supposed that I was with my dear parents and children under different circumstances, I cannot tell. I once thought that I was among the golden stars with Anthony, and I threw gold down upon the earth, and in imagination gave a great deal to my father, that he might be well supplied in carrying on his labor of love, for I conceived the idea that he was preaching to the heathen in Ethiopia. And then all at once I would be here under the care of attendants; and, mother, I have had stranger ideas, that the physician, attendants, and the other patients, were all imps, and evil spirits springing up by magic. I was once transported to a country, beautiful and pleasant.

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ant, with you, father, my oldest sister, little Nelly, and Johnny. I opened a provision-chest, and then went setting things to order; night soon came, and then seven beautiful moons arose, and while I was contemplating their beauty, and the beautiful place, I was caught from thence to heaven, where there were great white pillars, white temples, and white thrones, and again hurled in an instant to the lowest hell, where there were haggard forms and fiendish frowns. I once visited Solomon's temple, and while standing between porch and pillar thought I was transformed into Belshazzar. It is almost impossible for me to believe otherwise than that I have been at Rome, and passed a river where many priests were baptizing the dead, and it appeared as if my children and friends were there, and that we were all of us baptized. I must not write any more of my wild delusions. Dear mother, I am getting well. Those by whom I am surrounded are human beings; the ground looks natural, and the spring is beautiful to me, and the sweet music of the birds is grateful to my ears. I once believed that all the stars had fallen from heaven, but I know better now, and look at them with pleasure. Beloved mother, I want to go home, I want to see you very much. The attendents tell me, that I was severely burned last summer by accident, and suffered a great while. The scars are very plainly seen, but I have no recollection of the burn, and no knowledge of being here in the summer at all. Oh! I hope my heart will be softened. I hope I may love my fellow-beings again, that I may again desire the happiness of all. God grant that I may again practice the excellent precepts, and follow the good examples of you, and my most worthy father. With the apostle Paul I can say, "I believe all things, hope all things," and trust I may be able to endure what God wills concerning me.

Good bye, dear mother, and believe me, as always,

Your affectionate Daughter.

The patient convalesced very favorably, and five months afterwards returned home in her usual health and resumed the discharge of her accustomed household duties. The case was regarded as one of "dementia following melancholia," or, according to the definition of Guislain, *secondary dementia*. The points of interest are, first, the profundity of the disease, or *completeness* of the degree of dementia. The circumstance of being in the fields with her children, gathering strawberries, to which she alludes in her letter as her last recollection of them, occurred in the month of June preceding the birth of her child in the following April, and more than a year previous to her admission into the asylum. Of the occurrences of this year, of her own illness, the birth of the child, of the child itself, her journey to the institution, the severe scalds and subsequent treatment, she could recall nothing. Again, the delusions to which she refers were all experienced while inhaling the anæsthetic. Her moral and intellectual faculties, both before and after the administration, seemed to be entirely

obliterated. And, lastly, the prompt and pleasant effect of the chloroform in inducing sleep, in allaying the great nervous irritability to which the convulsions were attributed, and thus preventing their recurrence, is especially worthy of note.

CRIMINAL LUNACY IN THE STATE OF NEW YORK.

[The following is an extract from the last annual report of Dr. John P. Gray, Medical Superintendent of the New York State Lunatic Asylum. It presents the statistics in the cases of sixty-six insane convicts transferred to the institution from the state prisons, and eighty-six "criminal and dangerous persons" admitted on the orders of judges and justices.—Eds.]

In 1846, three years after the opening of the asylum, the Legislature passed a law authorizing the transfer to its care, of such convicts as were then, and might subsequently become insane. This step was not then in conformity with the views of the officers of the institution, but was nevertheless taken. However, convinced by accumulated experience and observation, of the impropriety of associating the criminal classes with the inmates of a general asylum, the Legislature of 1854 repealed the law, and passed an act directing the erection of a building at one of the prisons, for the treatment and care of insane convicts, and providing for the removal of those in this institution.

During the session of 1857 an appropriation of \$20,000 was made for the purpose of carrying the law into effect. A lot adjoining the prison at Auburn was chosen, a plan selected, the work commenced last spring, and the building is now far advanced towards completion. As it is designed as a State institution and not as a mere appendage to the prison, it is to be hoped that under proper organization and judicious direction, it will be a credit to the State and fully illustrate the wisdom of the policy directing its establishment; and we further hope it is a step in the direction of an entire separation of the various criminal classes from the ordinary insane.

During the period of eight years, from 1846 to 1854, sixty-seven convicts were transferred to the asylum; of which number the following synopsis will give the history and results.

The form of mental disease was as follows:

Acute mania,	1	Dementia,	41
Chronic mania,	5	General paralysis,	2
Periodic mania,	1	Imbecility,	1
Paroxysmal mania,	1	Feigned insanity,	14
Melancholia,	1		
		Total,	67

Of these sixty-four were males, and three were females. Of the whole number but five recovered, viz: The case of melancholia, that of periodic mania, and three of the cases of dementia. Six of the cases of dementia were complicated with epilepsy dating anterior to the commission of the crimes for which they were sent to prison.

Fourteen of the whole number died, viz: The case of acute mania, that of paroxysmal mania, the two of general paralysis, and nine cases of dementia.

Thirty-two of the number have been returned to prison, or have effected their escape. Seven of those feigning disease to avoid punishment, were notorious house-breakers, and made their escape a few days after reception. There are remaining now in the institution eighteen convicts.

The crimes committed by the sixty-seven persons, and for which they were sent to prison, are as follows:

Murder,	1	Robbery,	2
Manslaughter,	3	Forgery,	2
Arson,	3	Counterfeiting,	1
Rape,	7	Perjury,	1
Assault and battery,	4	Burglary,	16
Stabbing,	1	Grand larceny,	24
Mayhem,	1		
Mutiny,	1	Total,	67

Of the fourteen cases of feigned insanity, one had been convicted of stabbing, five of burglary, and eight of grand larceny; all had long sentences to prison. Three of the number feigned mania, and the remaining eleven dementia.

It is a significant fact that for the period of eight years but one case of acute mania was sent from our state prisons. These statistics show that the form of mental disease most likely to occur among this class, is dementia. We have here forty-one cases of this form in fifty-three cases of insanity! Their individual history shows further that in nearly all, the process of sinking into dementia was gradual and not the sequence of neglected or violent mania—a fact confirmed by my personal visits to the prisons, and information given me by their offi-

cers. Few convicts become insane from the operation of moral causes.

During the past fifteen years eighty-six "criminal and dangerous lunatics" have been sent to the asylum on orders of judges and justices.

The form of mental disease in these cases is as follows:

Acute mania,.....	12	Mania with epilepsy,.....	2
Sub-acute mania,.....	3	Dementia with epilepsy,.....	2
Chronic mania,.....	14	General paralysis,.....	1
Periodic mania,.....	3	Feigned insanity,.....	12
Paroxysmal mania,.....	4	Not insane,.....	2
Puerperal mania,.....	1	Imbeciles,.....	4
Dementia,.....	26		
		Total,.....	86

Among the crimes recorded as committed are twenty-two murders and fourteen arsons; of the former ten were committed by persons laboring under dementia, two by demented epileptics, two had acute mania, one sub-acute mania, four chronic mania, one was an imbecile, and two feigned insanity as a means of escape. Nineteen were males, and three females.

Of the fourteen acts of incendiarism four were by persons laboring under dementia, two by epileptics, one by an imbecile, two by cases of acute, two of chronic, and one of puerperal mania, and two by persons not insane. Eleven of these were males, and three females.

The results of treatment in the sixty-eight cases, omitting eighteen not insane, are as follows:

Discharged recovered,.....	21	Died,.....	10
do improved,.....	4	Remaining Nov. 30th, 1857,.....	26
do unimproved,.....	7		
		Total,.....	68

The eighteen cases committed to the institution on criminal orders, and found not to be insane, were charged with the following crimes:

Murder,.....	3	Incendiarism,.....	3
Attempt at rape,.....	1	Grand larceny,.....	6
Assault with intent to kill,.....	1	Bigamy,.....	1
Forgery,.....	3		
		Total,.....	18

Of the twelve feigning insanity ten simulated dementia, and two mania. The two cases reported as not insane were sent by courts without an examination. In the one case the reckless and vicious habits of the offender were construed into insanity; and in the other the degradation and stupidity consequent upon ignorance and a life of drunkenness, were mistaken for dementia.

ON SIMPLE SANGUINEOUS CYST OF THE EAR IN LUNATICS. By W. PHILLIMORE STIFF, M. B., Resident Physician to the County Asylum, at Nottingham, England.

AT intervals there have appeared scattered through the medical periodicals, chiefly of Germany, notices of a remarkable and well-defined disease of the external ear, almost unknown in general practice, but familiar to psychopathic physicians, some of whom consider it peculiar to the insane. I shall describe it under the name of simple sanguineous cyst of the auricle, or *haematomaauris*. In asylums it is known by the name of the "shriveled ear."

Dr. Frederic Bird, of the Asylum at Sieburg, was the first to define its connection with insanity. Amongst the more recent writers on these sanguineous tumors must be especially noticed Dr. Fischer, of Illinoi, whose valuable essay has been ably translated by Dr. Arlidge, in the *Asylum Journal* for February, 1854.

Mr. Wilde, referring to this disease in his work "On Special Diseases of the Ear," says:

"Having no experience of this affection myself, I wrote to a number of medical friends connected with lunatic asylums, and although their statements varied, both as to its existence and cause, the establishment of the disease as affecting a particular class of the community has been fully established. Dr. Thurnam, who has great experience on the subject of lunacy, is of opinion that the disease has been frequently produced by injury, and that it was much more common when restraint was more extensively used than at present."

Mr. Wilde makes these observations under the head of "Inflammation of the Auricle," classifying the disease with *erysipelas* and other inflammations, whilst, in a previous chapter, he gives a representation of the same disease under "Tumors of the Auricle," observing that it is a rare form of disease in man, but that he has frequently seen it in dogs.

My attention was directed towards the subject by an observation of Feuchtersleben, who, in treating of the complications of insanity, adds:

"We must here mention, further, a peculiar sanguineous tumor in the ear, improperly called *erysipelas auris* hitherto observed only in those who labor under chronic mania, respecting the connection of which with that disease nothing whatever has yet been ascertained."*

* *Medical Psychology*, p. 300 (Sydenham Society).

The following cases, referred to in detail, are now under my care at Nottingham Asylum, and illustrate the several stages of the disease:

CASE I.—S. H., aged thirty-four. Admitted in August, 1856, in a state of acute dementia. Alleged cause of insanity, a weight falling on his head two years ago. Not epileptic. Conduct generally tranquil. Notions confused; answers yes and no, indiscriminately. Eleven months after admission, no improvement in his mental state; bodily health good; appetite voracious. Of late the integument of the right ear has been congested; the concha inelastic and thickened. He stands in the sun a great deal; has not been violent, nor subjected to physical injury.



FIG. I.—STAGE OF EFFUSION.

June 30, 1857.—This morning the pinna is of a dusky color, and distended by a swelling containing fluid. It is tense, elastic, and creates the impression of the cartilage being split into two layers. The anti-helix, scaphoid and innominate fossæ are obliterated; meatus partially obstructed; skin unbroken. Lobule not affected. Six days after the effusion was noticed, a photograph was taken. (See Fig. 1.) It is now

(November) in course of resorption, and tending towards spontaneous cure. The ear has diminished in size from 66 millimètres extreme length, and 42 millimètres transverse admeasurement, to 64 millimètres, and 38 millimètres, respectively. The left ear is of natural size, but for several weeks past has shown signs of congestion and cartilaginous thickening. This patient has symptoms of general paralysis of the insane.

CASE II.—R. G., aged thirty-five. May, 1855. Has been in the asylum twelve months. Confirmed mania. Alleged cause, pecuniary losses. Not epileptic, nor subjected to physical injury. Conduct inert, occasionally noisy. Has hallucinations; imagines himself a wall, and



FIG. 2.—CYSTIC STAGE.

wants to be built up; is the subject of fantastic automatism. Digestion disordered; appetite excessive. Has had a swelling of the right auricle for several months. State of health when it appeared, not remarkable. The tumor is larger than that represented in Fig. 2, which

was taken twelve months subsequently. It extends from the upper edge of the helix to the meatus. Skin tense and inelastic. Ear distorted; thicker, shorter, and narrower than the sound one; anterior and posterior walls unusually convex. Tragus and lobule not implicated. The bulging of the ear evidently produced by fluid. The hæmatoëma is in the cystic stage, or stage of resorption. It was opened, and discharged uncoagulated blood of a florid hue; hæmorrhage troublesome; the incision healed by first intention, but the cyst rapidly filled again. During the last two years absorption and atrophy have been slowly progressing, leaving the disorganized portion of the ear shrivelled, thickened and indurated. Length of the sound ear, 60 millimètres, width 35 millimètres. Of the diseased, 58 millimètres, and 28 millimètres, respectively.



FIG. 3.—STAGE OF PERMANENT INDURATION.

CASE III.—P. L., aged fifty. April, 1855. Admitted in a state of mania, said to be of six weeks duration; in weak bodily health, suffer-

ing from acute dyspepsia. Not epileptic. Alleged cause, domestic trouble, with hereditary predisposition. Conduct tranquil; delusion, that he is sold to the devil. A month afterwards he refused his food obstinately for several days; breath became fetid, tongue red at the tip and sides, coated with a brown fur along the centre; bones prominent; oedema of the ankles; and extreme exhaustion. At one time he appeared to be sinking; he was forcibly fed by means of Equisier's irrigateur twice daily for three weeks; alteratives, salines, and tonics were administered, and on the 22nd of June he took his food well; in a few months he became stout, but without improvement in his state of mind.

December 22nd.—Is in robust health; the anterior surface of the left ear has unexpectedly presented symptoms of sanguineous effusion; the integument is of a bluish-red color, congested, without abrasion; the swelling, which was not observed the day before, occupies the helix, antihelix, and fossa innoxinata; the lobule sound; has not been in the habit of rubbing his ears, nor experienced injury.

January 12th, 1856.—Resorption has commenced; the swelling paler and reduced.

18th.—The cyst is now confined to the antihelix and neighborhood, is inelastic and hard. During the last year and a half it has been gradually progressing towards spontaneous cure, as seen in Fig. 3. Length of the sound ear, 71 millimètres; width 39 millimètres; length of the diseased, 65 millimètres; width 32 millimètres.

CASE IV.—J. W., aged thirty-four. Admitted November 1856, in a state of acute mania. Assigned cause, physical injury and hereditary predisposition. General health bad; exhaustion. Conduct violent; notions incoherent; countenance painfully distorted; the left eye wild and prominent, the right eyelid paralysed, with dilation of the pupil. Not epileptic. He was treated with calomel and opium, and improved rapidly, both in health and mental state.

January 10th, 1857.—A small hæmatoma has appeared on the antihelix, which is of a dusky red; it disappeared without treatment in six weeks, leaving a portion of the antihelix hard, white, and the ear undiminished in size. The mental symptoms have improved, but the prognosis is yet doubtful. No pain was complained of in this and the preceding cases.

I have examined the ears of 249 other patients in the asylum—viz.

124 men, 125 women, and find the cartilages more or less thickened and indurated in 17, probably the results of old haematomata. See table.

MALES.			FEMALES.		
Right ear.	Left ear.	Both.	Right ear.	Left ear.	Both.
3	2	7	1	4	0

The disease predominates in men. By adding the four preceding cases to those enumerated in the table, it will be found that it extends to about one-twelfth of the average number resident.

The progress of the disease may be divided into four stages :

1. The stage of hyperaemia, and probably chronic arteritis, as shown by the congestion and loss of elasticity of the cartilage. This stage may exist without the development of the haematoma.
2. The stage of effusion : an apoplectic foyer is suddenly formed, causing obliteration of the ridges and depressions of the ear.
3. The cystic stage ; in a comparatively short time absorption commences, the ridges reappear, but altered in shape. This stage may last for years.
4. Permanent induration, complete absorption of the fluid, and occasionally atrophy of the ear.

There are some points in the anatomy of the external ear, which throw light upon the nature of the disease :—

1. In all these cases the disease was situated on the anterior surface of the pinna, and this is in consonance with the well-known vascularity of the part. On this surface the branches of the anterior and posterior auricular arteries ramify and anastomose. It is worthy of note that the posterior auricular artery gives off the stylomastoid, which runs a remarkable course, and terminates by anastomosing with the middle meningeal in the cavity of the cranium.

2. The paucity of lymphatic vessels on this surface, as compared with the posterior, explains the chronic character of the cystic stage.

3. The lobule is never affected.

A review of these cases leads me to some conclusions at variance with those of other observers. Fischer affirms that "the disease is to be looked for less in any one special form of insanity, than in a deep-seated malady of the nervous system, attended with dyscrasia." I do not question the existence of the serious cerebral lesion, but if by dys-

ersin is meant a blood disease, the cases narrated presented no symptoms of a general or specific character at the development,--on the contrary, the hematoma appeared when the bodily health was improving, and as the functions of digestion and circulation became more active. The mental disorder in three of the cases has become chronic, and in the fourth only is there any decided improvement.

It has been urged that these hematoma are connected with a scorbutic state of blood. The history of the case would alone be sufficient to nullify this hypothesis. If other reasons are wanted, it may be added that hematitic cysts of the ear are not enumerated among the symptoms of scurbutus, and that the disease is to be found most frequently in lunatic asylums, where ample provision of fresh vegetables is made in the dietary, and the strictest attention paid to hygienic precautions.

No physical injury could be traced in any of the cases, nor were any mechanical restraints imposed; neither did the disease supervene during paroxysms of violence. Epileptics, who are the subjects of the most deplorable injuries and bruises about the head, although not altogether exempt, furnish but two examples in the table.

The symptoms and duration of contusions are so widely different to those described, that there seems to be little foundation for supposing that the disease is brought about by physical injuries or the use of mechanical restraint.

I conclude from the foregoing observations, that simple sanguineous cyst of the ear is the result of a true haemorrhage, consequent upon impaired texture of the coats and laceration of the small blood-vessels of the perichondrium, and produced by causes analogous to those that excite cerebral apoplexy. The duration of the disease seems to depend upon the extent of the cartilage affected, and the size of the cyst. It tends towards spontaneous cure. The sense of hearing is not necessarily affected. Local applications are superfluous. It must, however, be conceded that the presence of the haematoma adds to the gravity of the prognosis of the mental disorder.—*British and Foreign Medico-Chirurgical Review.*

grave on the subject between medical and legal men is now removed, and the time has arrived for the medical profession to take a more active interest in the criminal law.

THE JURIDICAL SOCIETY, AND THE CRIMINAL RESPONSIBILITY OF THE INSANE.

(*Correspondence of the Journal of Psychological Medicine.*)

No well-wisher to his species can fail to rejoice that the ice which divides the medical and legal professions on the subject of the criminal responsibility of the insane, has at length been broken. It were hopeless to expect that the imperfect expositions of what they imagine to be the views entertained by medical men on the subject of insanity, that barristers are in the habit of making on occasions when they defend prisoners charged with criminal offenses, could ever dissipate the dense obscurity which surrounds these subjects in the public mind. The legal profession generally, and especially the judges, have so little practical acquaintance with insanity, that their minds are absolutely unable to comprehend vast truths which are familiar enough to medical men. Examinations in courts of justice are peculiarly unfavorable to the diffusion of just ideas on these matters, and the medical witness consequently gives his testimony amidst an amount of prejudice, arising from ignorance, which is, too often fatal to the best interests of humanity and of justice. The existence, then, of the Juridical Society, composed as it is of the most eminent members of the legal profession, and of a few other persons distinguished for their attainments in literature and jurisprudence, is a fact calling for devout thankfulness on the part of those who look for free discussion as one of the best means of eliciting truth and of diffusing knowledge. Monday, the fourteenth of December, will henceforth be considered a great day in the history of criminal jurisprudence; for upon it there met together a large number of eminent lawyers, and eminent medical men, to discuss the subject of the criminal responsibility of lunatics.

Dr. Forbes Winslow read a paper on "The Doctrine of Responsibility in Cases of Insanity connected with alleged Criminal Acts," which was followed by an interesting discussion, in which the Vice Chancellor, Sir John Stuart, who was in the chair, and Mr. Baron Bramwell, took an active part. We desire, in the following remarks, to direct the attention of our readers to what we conceive to be grave

and fundamental errors in the reasoning, especially of Mr. Baron Bramwell, on that occasion—because, if our views are correct, the doctrines laid down by the learned judge strike at the root of the theory upon which all punishment is based. If Baron Bramwell be wrong, then are his errors the most serious and vital that it is possible to conceive in one whose function it is indeed to administer the law, and who would very imperfectly fulfill the duties of an English judge if he did not also endeavor to improve the law. We have no reason to suppose that the learned judge is not sincerely desirous to amend what may be defective in the laws; on the contrary, his frequent attendance at the meetings of the Juridical Society shows a desire to advance the science of jurisprudence, which can not be too highly appreciated by the public. We shall endeavor to reproduce the chief arguments of Baron Bramwell with scrupulous accuracy, and we have no fear of not doing so correctly, for his words fell with painful distinctness upon our ear, and have been very faithfully reported in some of the daily papers. It would be almost an insult to assure the learned judge that our remarks are made in a spirit of sincere and profound respect for his judicial position and attainments. The truth is that at which we aim, and we are sure it is the truth alone that Baron Bramwell seeks. *It is to trouble and distract the learned judge in his office.* The learned judge observed that “the question to be discussed was not the relative amount of pity which we should feel for the sane or the insane, but how is the law to deal with the commission of an act which it prohibits? To solve this question, it is necessary to go back to the true theory of punishment, which is, that pain being in itself an evil, society has no right to inflict it upon an individual, except for the purpose of preventing crime, by the fear of it on the individual punished, and by the spectacle of it on the rest of the community. The certainty, therefore, with which punishment follows crime is of the last importance in teaching men to respect the law, and to abstain from breaking it; for since the law threatens all mankind, it would be a mere *abruitem fulmen*, if it did not also punish those who violate it. The madman, amongst others, is threatened by the law; why then should he escape if he infringes the law? and why destroy that certainty of punishment following crime which is the very essence of its preventive power? For his part, he could conceive an argument being maintained to show that even idiots should be punished when they break the law; but in such an opinion, if held by any one, he did not share. If

you do not punish the madman, you hold out a premium to the commission of crime; for every man would calculate that he would be fortunate enough to escape by some one proving that he was mad, on the same principle as that on which people lead a forlorn hope, or put into a lottery, not calculating the chances against them, but trusting that they will be the fortunate ones to survive, or to win the prize." Baron Bramwell made some further remarks in reference to cases which he had tried within the last two years, and also enunciated the astounding opinion, that he doubted the existence of moral qualities in the mind. Our concern, however, just now is with the theory of punishment set forth in the above quotation from his speech. It is not the first time that we have heard these doctrines; but we believe them to be utterly erroneous and untenable, and to arise chiefly in consequence of persons confounding together punishments following infractions of the physical laws of nature with those which follow violations of the laws of society. The two classes of penalties stand upon totally different grounds; although it is not uncommon to hear the remark that crime would be most effectually put down if punishment followed on its commission with as much *certainty* as it does on the breaking of physical laws. It is not the mere certainty of a particular punishment following a particular crime that constitutes the efficacy of the penal code; but it is the certainty that *a right measure of punishment, adapted to the peculiarities of each individual case*, will follow upon conviction. Public opinion must go along with and support the administration of justice; or that very element of uncertainty which Baron Bramwell so highly deprecates is at once, and as a direct consequence, introduced into the working of the law. Severe and unjustifiable penalties carry with them the elements of their own failure; they are conceived in ignorance, and cannot stand the light of day. It is for this reason that the numerous executions which formerly disgraced the history of jurisprudence in this country were found wholly ineffectual in diminishing crime. Juries would not convict persons who were proved to have forged, or uttered one-pound notes, or stolen a trifling amount from a dwelling house; and although the judges recorded the sentences of death, and the government carried them out with unsparing severity whenever they had the opportunity, the very *certainty* with which an unjust penalty would be inflicted on conviction, proved the safeguard to prisoners, and the means of their escaping from any punishment at all. Whence, then, arises a result as uniform in the history of the laws as

we must suppose it is surprising to Baron Bramwell? Why, from what else but from that *very moral sense* inherent in all mankind, the existence of which the learned judge calls in question? It is because society feels and knows that all its punishments are inflicted under direct and fearful responsibility, and must be proportioned to the degree of guilt of each criminal, lest they become, not punishments, but acts of cruelty, and crimes themselves. In this respect they differ altogether from the blind unreasoning penalties that attach to violations of physical laws. If a sane man or an idiot, a reasoning being or a child, wilfully or accidentally jump or fall out of a window, physical injury is the consequence; and in this case, as a general rule, the certainty of the penalty suffices to make men conform to the laws of nature. But the penalties inflicted by society are voluntary on its part, and awarded under a sense of responsibility; for, as Baron Bramwell remarks, pain being in itself an evil, we are only justified in occasioning it to another for some good and substantial reason; in other words, we punish, because the balance of convenience is in favor of punishment for the repression of crime. The law itself fully recognizes this principle, in the gradations of punishment which it prescribes for the same offence, and the application of which it leaves to the judge. There is no mere blind penalty attaching to the infraction of any law; the circumstances of each case are to be taken into account—the amount of temptation, the position and opportunities of the criminal, and the consequences of his crime. To make murder an exception to these principles is impossible, because the punishment of murder is inflicted under just the same kind of responsibility as the most trifling imprisonment. It is not the mere act of depriving another of life that in practice ensures the penalty of death,—for even those who consider that the putting of a murderer to death is based upon a direct divine command, would no more execute an idiot than Baron Bramwell himself. You have not, therefore, and can not have, a *certainty* that even the highest crime known to the law shall, on the conviction of the perpetrator of it, be followed by the infliction of the highest penalty. To hang an acknowledged idiot would, under any circumstances, so shock the public mind, that it would be considered as tantamount to deliberate murder. Here, then, lies the very gist of the subject. It being shown, then, that the penalty even of murder does not follow on its commission as a matter of logical and inevitable necessity, like the penalties attaching to violations of physical laws, the question arises, Who are idiots? and why are they to form the subjects of this exception?

This is an enquiry more easily made than satisfactorily answered; and yet it must be answered, if jurisprudence is to have the slightest claim to be regarded as a science.

Idiots, as is well known, vary in their salient characteristics. Some of them, besides being destitute of the smallest glimmerings of reason, are also sunk into the lowest depths of physical disability. "Sans teeth, sans eyes, sans taste, sans everything," they are apparently wholly without mind—they could not, therefore, commit murder, from their state of bodily infirmity, even if mentally they could conceive the crime. Other idiots, again, like to the former class as to their mental powers, are yet endowed with great bodily strength, so that they may become exceedingly dangerous to those whom they dislike, and are known not unfrequently to have deliberately murdered them. For what reason, then, are they exempted from execution? Plainly, because of the condition of their minds. Where, then, is the line to be drawn which separates the imbecile who forms a fit subject for execution, from the imbecile whose execution would be considered as a murder?

Notwithstanding the dicta of the judges in the House of Lords, in the case of MacNaughton, it will be found that practically there are no general rules on the subject—each case is in reality determined on its real or supposed merits. Juries may be misled into giving a verdict—guided they are not—by what is told to them about a knowledge of right and wrong on the part of the prisoner; but they convict or acquit him just according to their own preconceived notions of insanity. If they believe the accused person to be so mad that he would have formed a fit inmate of a lunatic asylum, they acquit him on the ground of insanity, without ever troubling their heads as to whether he knew the distinction between right and wrong, or was or was not conscious that he was doing a criminal act when he committed the murder. In this they act rightly, and in accordance with the dictates of common sense, guided by their ideas of moral responsibility to the Almighty; for, as every one knows, except perhaps lawyers, the test of a knowledge of right or wrong is utterly fallacious. The maddest lunatic confined in Bedlam acts from motives, and does wrong knowing that it is wrong, just like any sane and reasoning sinner.

In cases in which the test that juries apply in their own minds has already been brought to a practical issue, and the accused person is confined in an asylum, a conviction for murder is impossible, no matter

how deliberate and cruel the circumstances attending it may have been. Amongst the blackest murders that have ever been committed, are those perpetrated by the inmates of asylums; yet they go unpunished, because the moral sense of mankind revolts against the punishment of a being deprived of the guidance of reason. Who will deny that there are beings going freely about the world who are just as mad as others who are under restraint in asylums? Why, then, is a clumsy test of this kind, which depends upon the local and peculiar circumstances of the lunatic, to form a guide in the case of an issue so awful as that of life and death? Because a poor creature is so unfortunate as to have no friends able or willing to take the somewhat complicated steps necessary for securing him in an asylum, is that any reason why, when he commits a crime, he is to be subjected to penalties which humanity forbids to be applied to his brother lunatics in asylums? We put the question in this way, not because we do educated men the injustice of supposing that they would knowingly sanction any such doctrine as that referred to, but in order to show that there is an inherent necessity that each case, where insanity is pleaded as an excuse, shall be judged and disposed of exclusively upon its own individual merits; and we have the further object of showing that it is because the test supplied by the law—the knowledge of right and wrong—is insufficient, that juries take these matters into their own hands, and often acquit prisoners in the teeth of the directions of the presiding judge.

Having got thus far, we are now in a position to answer the question as to what should be the course to be practically adopted in these distressing cases; and we have no hesitation in expressing an opinion that the same species of test should be applied here as is by law imperative before any man can be consigned to the custody and refuge of an asylum, viz., an investigation into the mind of the alleged lunatic by scientific examiners. The facts of the case are matters for the jury to determine; the law and the facts are for the judge; but the question of the infliction of the appropriate penalty should be for the executive, aided by skilled witnesses; or, as they are called on the continent, "Peritii."

A rule of this kind works admirably in the state of Maine. In cases of insanity alleged as an excuse for criminal acts, the person implicated is remanded to safe custody, and carefully watched and examined by eminent medical men, who have made the diseases of the mind sub-

jects of special study, and are appointed to their office by the State. At the expiration of a certain time, having taken into their consideration the facts proved in evidence, and associated them with the results of their own observations, they make their report, and upon that report the defense of insanity stands or falls. If a similar plan were adopted in this country, there can be little doubt in the minds of those who take an enlarged view of the subject, that the administration of justice would be rendered much more certain than it is at present; defenses grounded on presumed insanity would be less frequent, because they could never prevail except upon just and equitable grounds; the penalties of the law would be inflicted upon intelligible data, and, by commanding the assent of the public mind, would act to a far greater extent as preventive spectacles than they do now.

What can be more disgraceful to a civilized community than that the most subtle of all questions, the sanity of a human being, should be left to the decision of a petit jury, composed of men who are often as illiterate as they are prejudiced, and who are guided much more by feeling than by reason? And this leads us to remark, in conclusion, that great injustice is often done to prisoners by the way in which these subjects are argued at the bar. Instead of trusting to the truth, and carefully making themselves masters of the facts of the case, counsel who undertake to prove the insanity of a prisoner are too often in the habit of treating the whole matter as one of sentiment, which it is not at all, and of making compassionate appeals to the feelings of the jury, in the hope of averting the capital sentence. It can hardly be wondered at that, under these circumstances, the feelings of the bench and the public are excited against defenses on the ground of insanity, and that they come to regard them merely as tricks of counsel, analogous to the technical pleas of a special plenger.

We trust, however, that, through the medium of the Juridical Society, the judges and the bar may now be led to regard the question in its philosophical bearings; and we entertain no fears of the result, so soon as they begin to argue it as a logical problem, to be determined, by considerations of abstract justice, based upon experience, and guided by a sense of moral responsibility.

“Postscript.”

It is a common error to suppose that the law of the United States is more favorable to the accused than that of England. The law of the United States is, in fact, less favorable to the accused than that of England, and the law of England is less favorable to the accused than that of the United States.

shed upon the subject. The author has made a special study of the subject, and has done some valuable work in this direction. The author's conclusions are interesting, and will be of value.

THE PATHOLOGY OF INSANITY. By J. C. BUCKNILL, M. D.

[Continued from page 289.]

The Cerebral Substance.—The condition of the cerebral membranes, and indeed of all other parts, is, of course, in the pathology of insanity very secondary and subservient to the state of the substance of the brain itself. The condition of the cerebral substance is the prime question in the pathology of mental disease. Frequently this condition can only be judged of by the state of its blood-vessels, or can only be guessed at by that of its membranes, or some still more remote indication. Not unfrequently in partial and sympathetic insanity, it appears to be perfectly sound in structure, although the deductions of science assure us that this soundness is in appearance only, and is solely attributable to the imperfection of our means of observing and investigating.

To the pathologist the substance of the brain is as yet practically structureless. Although the microscope reveals cells and tubes and intervening stroma, up to the present time it is unable to indicate when these are in a normal or abnormal state; and although it may prove that in some cases the smaller arteries are diseased—that in a few others there are exudation corpuscles, or an increase of fatty particles in the substance itself—it has not yet been able to distinguish between states of the whole organ which must be diametrically opposite, for instance, between the states of hypertrophy and atrophy.

Practical observations, therefore, must be made upon the bulk, color, density, and specific gravity of the brain-substance, and upon the condition of its blood-vessels.

The bulk of the brain varies from a state of atrophy, in which it has been known to lose nearly a third of its volume to one of hypertrophy, in which, but for the restraining pressure of the unyielding cerebral walls, there is little doubt that its bulk would be not less augmented. Cerebral atrophy, as the most frequent, is the most important of all changes in chronic conditions of mental disease. I have already written so fully on this subject that my limits only permit a few further remarks.

A considerable degree of cerebral atrophy is rarely unattended by changes in the color and consistence of the brain-substance, sufficient-

ly obvious to the eye of the experienced observer. It is frequently both anemic and discolored: the grey substance contains less red and more brown, and its coloration, also in depth of tint varies greatly; sometimes its tint is deeper than is usual in health, but far more frequently it is paler, and occasionally it is of little more than a darkish buff.

On this point Mr. Solly remarks, that having many opportunities of examining the brains of the insane at Hanwell, he made colored drawings of the cortical substance of all patients indiscriminately; and he adds, "The general result of my observations was, that a pale condition of this ganglion was almost invariably found in patients who had sunk into a state of imbecility, and was generally associated with some serous effusion and thickening of the arachnoid and pia-mater." (*Solly on the Brain*, p. 398.) Its uniformity of color also is lost. The grey layer of the convolutions consists of six planes, in which white and grey substance alternately preponderates. M. Baillarger, in his memoir on this subject, (*Mem. de l' Acad. de Med.* tome viii.) states that it consists of six of these alternate layers. There can be no doubt that three such layers exist, but whether these can again be subdivided is a question which I have not for myself been able to determine. In the normal state this triple division is very obvious to the naked eye in the posterior convolutions of the cerebrum; but in a state of atrophy it becomes still more obvious throughout all the convolutions where it was previously not observable. This appearance arises from diminution in the quantity of the pigment-colored cells in the whole of the cineritious layer. This diminution in the bands where the white matter exists in largest quantity, renders the color of the latter very apparent. According to M. Baillarger, the external layer of the convolutions is white, and not grey. It would, I think, be more correct to say that the external layer contains a less proportion of vesicular neurine to the tubular substance with which it intermixed, than the layer next but one to the surface, and again, than the layer next but one to that. The consistence of the grey matter of the convolutions is very generally lessened when the organ is atrophied. Sometimes the superficial layer is obviously softened, but more frequently the grey layer immediately under it is the seat of the greatest amount of softening. The color and consistence of the tubular neurine is notably altered. Unlike the grey matter, its depth of color is generally increased. From the clear white of health, almost imperceptibly tinged with pink, it assumes a dirty brownish hue, very faint, indeed, but quite unmistakable.

The consistence and density of the white substance varies greatly. In the *Atrophia cerebri senium*, the consistence of the white matter is generally a little increased. In the *Atrophia cerebri praecox*, the consistence is increased whenever the primary condition of disease has been an hyperemia verging on phlogosis, and tending to the addition of albumino-fibrine in the substance of the brain. This is particularly the case in the atrophy which attends the later stages of epilepsy, an atrophy which is preceded by a period of congestive hypertrophy, and meriting the name which has been applied to it, of concentric hypertrophy of the brain, if such a term is not in all instances somewhat absurd. In atrophy not consecutive upon a congestive condition of long standing, but either primary or secondary only to a state of general debility or dyscrasia, the consistence of the tubular neurine is diminished; sometimes to the extent of making it appear that the whole brain is infiltrated with serum. Rokitansky asserts that atrophy is accompanied by increased consistence and tenacity, or sclerosis, as it has been called. "The surface of a section of the hemisphere shrinks and becomes concave, and here and there certain portions offer more resistance than others, and wrinkle and lie in folds." This, however, is an appearance which I have not been able to verify.

When induration exists, it is greatest in degree in the neighborhood of the lateral ventricles. The latter are generally enlarged and distended, with a very limpid effusion; and thus the bulk of cerebral substance is diminished, both from within and without. Sometimes the lateral ventricles are greatly contracted; sometimes they are of normal size. Andral states, that unless each lateral ventricle contains more than an ounce of fluid, it cannot be reckoned abnormally large.

It is unnecessary to refer in this place to the shrunken and pinched appearance of the convolutions, and the widely-opened sulci. In not very unfrequent instances, however, the remarkable appearance of circumscribed atrophy affecting three or four convolutions, generally about the vertex, is presented. In such instances the loss of bulk is replaced by a partial adhesion of the pia-mater, presenting the appearance under the arachnoid of a gelatinous bag. This partial atrophy of the brain has not hitherto been connected with any peculiar loss of mental function calculated to add an additional proof to the arguments of phrenology.

Atrophy of the brain rarely exists in any considerable degree, without a notable diminution of the breadth of the grey substance of the

convolutions. The normal breadth of this substance I have ascertained by numerous measurements to be eight hundredths of an inch. In atrophied brains it is reduced to seven, and frequently to six hundredths.

It is a remarkable fact, first noticed by Cazauielb, that atrophy of the brain is confined to the cerebrum. Even in extreme age, when the cerebrum is much wasted, the cerebellum retains its full size.

The usual condition of atrophied brains, with reference to the state of the blood-vessels, is a degree of anemia; but sometimes owing to the circumstances of death, this condition is replaced by one of congestion, and the dirty white of the tubular neurine becomes mottled with a faint violet discoloration. This is especially the case when death occurs soon after severe convulsive attacks, or during the course of congestive apoplexy.

Hypertrophy of the brain is an interesting, but rare form of pathological change. But for the pressure exercised by the unyielding walls of the cranium, the brain would doubtless undergo enlargement with every considerable degree of congestion which it suffered. As it is, congestion of the brain constitutes one form of hypertrophy, of common occurrence contrasted with the true hypertrophy of the cerebral substance, in which the brain is anemic, the vessels being emptied by the ever-increasing pressure.

In the bodies of persons who have died during the early period of epileptic disease, and of some who have died in the first stages of mania, the brain appears too large for its case; the convolutions are flattened; the sulci cease to exist as indentations between the convolutions, lines only can be perceived into which processes of the pia-mater dip. The vessels of the pia-mater itself are distended with blood; the grey matter is deepened in color; the white matter pinkish or mottled with pale violet; and the cut ends of the vessels in it effuse an abundant quantity of *puncta sanguinica*. This is false or congestive hypertrophy.

In true hypertrophy, the brain swells up when the cranium is removed, so that the latter can not be replaced; the convolutions are flattened, the sulci obliterated; the arachnoid is transparent, thin, and dry; the pia-mater is exsanguine, the grey substance very pale, the white substance pure white, with few traces of blood-vessels, dense and tenacious. As the change progresses, the mental functions, and especially the memory, become more and more feeble; but dementia,

to the extent which follows atrophy of the brain, rarely, if ever, supervenes. Epileptiform convulsions appear towards the close of the case, and usually supply the means of death. In a marked case which came under my own notice, epileptiform convulsions existed at intervals for more than six months before disease. The *post-mortem* examination displayed all the above appearances, with the addition of the remains of a sanguineous effusion, thin, old, and yellow, surrounding the crista galli of the ethmoid.

There have been many differences of opinion respecting the nature of this pathological change. Dr. Handfield Jones, in an excellent paper on "Fibroid and Allied Degenerations," in the 27th No. of the *Medico-Chirurgical Review*, maintains that it is not a true hypertrophy. "It can hardly be thought," he says, "that a true hypertrophy existed, otherwise surely there would have been some apparent superiority of intellect. The truth probably was, that there was just the ordinary amount of nervous matter, *plus* a certain quantity of interstitial exudation. Doubtless it is not a true hypertrophy in this strict sense of the term, *i. e.*, the abnormal increase of normal structure;" and although Rokitansky declares it to be "a genuine hypertrophy," he explains the meaning he attaches to this term; so that, according to the acceptance thereof in this country, it would be excluded from the category. He says, "It consists as such (*i. e.*, as a genuine hypertrophy,) not in an increase in the number of nerve-tubes in the brain, from new ones being formed, nor in an increase in the dimensions of those which already exist, either as thickening of their sheaths or as augmentation of their contents, by either of which the nerve-tubes would become more bulky. It is an excessive accumulation of the intervening and connecting nucleated substance." He attributes its occurrence to an excessive development of the lymphatic system, although he admits that its immediate cause may be congestion.

Dr. Handfield Jones' test of a genuine hypertrophy appears to me fallacious, inasmuch as an increase of normal tissue may fail to confer increased power of function, if the new tissue is in a condition unfavorable to its activity,—if, for example, it is subjected to pressure. Nor does it seem more probable that it is a genuine hypertrophy, upon Rokitansky's showing. The substance normally intervening between the cells and tubes of the brain is a semi-fluid stroma, and any considerable increase in it would give rise, not to a great density and tenacity of the organ, but to a kind of softening. It is, I think, far more prob-

able that the addition to the brain-substance consists in a slowly-formed exudate of an albuminous or fibro-albuminous character, gradually pervading the whole of the cerebral substance. This originates in some obscure vice of nutrition, and is, I believe, a pathological change far more common than is generally supposed. In rare instances the exudate goes on increasing until death from convulsions takes place, and the peculiar characteristics of cerebral hypertrophy are found. More frequently, however, the process undergoes an arrest and an inversion. The exudate pressing upon the normal tissue, and upon the blood-vessels, impedes the nutrition; the exudate arrests its own further accumulation, and a reverse movement takes place, tending to cerebral atrophy with induration. Such I believe to be the true pathology of a large class of epileptic cases, namely, of those in which the nutritive powers are at first in excess, the muscular system highly developed, the functions vigorous and the health robust, and in which there is an early tendency to maniacal excitement, gradually passing into the opposite one of dementia. The cure of these cases is hopeless, but the relief afforded by early antiphlogistic treatment, moderate and prolonged, supports my view of their pathological character.

Inflammation, Congestion, and Anæmia of the Cerebral Substance.—Inflammation of the grey substance of the convolutions is undoubtedly an occasional cause of insanity, although it can not be admitted as one of its conditions. According to the limitations of that most artificial of sciences, nosology, phrenitis is not insanity, and does not belong to the specialty of the psychologists. The same may be said of cerebral hemorrhage. The appearances and symptoms which primarily attend these forms of pathological change, are therefore excluded from the present notice. But a brief reference can not be avoided to the conditions which they frequently undergo, attended by symptoms of undoubted mental disorder. One of the reliquiae of inflammation of the grey substance of the convolutions is a chronic induration of the superficial layer; another is the adhesion of the same to the pia-mater, which has been found by M. Parchappe so frequent in the insane; others are a softened condition of the middle layer of the grey substance; induration or atrophy of the whole of this substance; in some rare instances entire loss of portions of it by ulceration and absorption. When the functions of the grey substance have been deteriorated by these changes, the whole substance wastes as the optic nerve wastes in cerebral amsurosis, and thus **atrophy of the whole cerebrum** finally results.

Inflammation of the whole substance of the brain usually extends over a far less surface than that of the grey substance. It is also a more chronic affection, destroying life when fatal, by convulsions, low fever, gangrenous sores, and pulmonary congestions. Although during its progress the mind is always more or less disturbed, and actual delirium is frequent, yet it is a less frequent cause of insanity in any of the acknowledged forms of the latter than inflammation of the grey substance. Parts of the brain which do not participate in the inflammatory action become edematous, and others anemic from the pressure of those parts whose bulk is augmented. This disturbance of pressure and of blood-supply consequent thereupon, are necessarily accompanied by disturbance of the functions of the organ, often to a greater extent than the *post-mortem* appearances explain; since the pressure of the different parts equalizes itself after the process of inflammation has been arrested by death.

The relation which *Cerebral Hemorrhage* bears to insanity, is of the same nature, but less intimate than that which inflammation holds. Numerous instances of cerebral hemorrhage occur without giving rise to any mental disorder, but on the other hand the processes of irritation and exudation set up by a clot in the brain, not unfrequently give rise to mania, rapidly running into dementia. In such cases the brain is found to be atrophied, and to contain clots or cysts, or cicatrices in the various stages of change.

When cerebral hemorrhage is subsequent to atrophy, a remarkable modification of the usual symptoms of apoplexy may result. An enormous amount of blood may be slowly effused around the cerebral hemispheres, not only without the immediately fatal result which would occur if the hemorrhage took place in a brain not atrophied, but without giving rise to urgent symptoms of cerebral pressure. Instead of exerting a fatal pressure upon the substance of the brain, the effused blood only displaces an equivalent quantity of serous fluid which finds its way from the cavity of the arachnoid and the meshes of the pia-mater to the spinal bag. In the 29th Vol. of the *Medico-Chirurgical Review*, I have given the details of a case remarkably illustrating this proposition. In this case a demented patient had an attack of apoplexy on the 29th of September, 1853, and he lived until 7th of July, 1854. The *post-mortem* examination shewed the remains of a sanguineous effusion, fibrinous and tough, which completely enveloped the cerebrum. It was situate in the cavity of the arachnoid, and over the vertex and

sides of the brain was half an inch thick, and was the colour of venous blood. In the petrous fossa it was also thick, but had become yellow. It did not extend over the cerebellum, but the effusion from which it was formed, had found its way into the lateral ventricles, as these contained masses of dark-red fibrine, and a thin layer extended two inches down the spinal canal. Between the visceral arachnoid and the brain there was a large amount of serous effusion. The cranial cavity required 52*1*/₂ ounces of water to fill it. The brain displaced only 37*1*/₂ ounces, so that the atrophy of the organ was equivalent to 15 ounces, or nearly one third of its normal bulk. Subsequent to the occurrence of the apoplexy, the patient lived a kind of vegetative existence, with the smallest amount of mental and animal function I ever saw in the possession of a living human being during so long a period.

The small extravasations of blood often found on the surface of the convolutions in many cases of acute mania and melancholia, result from congestion of the pia-mater. In some instances the condition of the blood may aid in the production of these effusions, as it does in the extravasations, which, in the insane take place under the conjunctiva and between the cartilages of the ear.

One of the most important conditions of the brain-substance is *Congestion*, but of its appearance little can be said. Congestion of the grey matter is indicated by various shades of deeper red and brown, of which, the practised eye becomes cognizant. In recent and acute mania, a deeper red tinge prevails. In cases of longer standing, and where atrophy of the organ also exists, the deeper tinge is of a brown cast. The same distinction is true in congested states of the white substance. In acute mania and melancholia the whole surface of the centrum ovale in some instances presents a uniform pinkish hue; in others this hue is mottled with the normal white. In other instances not in any way distinguishable from the last by the previous symptoms, the cut surface of the centrum ovale is mottled with a light violet hue. This hue is never uniform except after death, from long-continued epileptic convulsions. In acute mania and melancholia it is mottled either with white or with pinkish white. The above appearances of cerebral congestion are commonly accompanied by a great abundance of bloody points, due to blood issuing from the cut orifices of the small vessels. This appearance is not constant even in brains obviously discolored by congestion. Its absence may be due to the loss of contractility in the small vessels, or to the blood they contain not being fluid.

Anæmia of the brain-substance, made evident by paleness both of the grey and white matter, and by the small number of blood-vessels which are visible, is observed in a few cases with symptoms of acute mania; sometimes also, but more rarely in melancholia. In many chronic cases with cerebral atrophy, anæmia is the ordinary condition of the brain-substance, although it frequently alternates with transient states of severe congestion. The state of the pulse, and the aspect of the skin of the face, the conjunctiva, and the lips, may indicate whether congestion or anæmia is present in the brain; but these conditions cannot always be diagnosed from the mental symptoms. Andral has well pointed out this common result from diverse causes: "It is a law in pathology, that in every organ, the diminution of the quantity of blood which normally it should contain, produces functional disturbances, as well as the presence of an excessive quantity of blood. We have found more than once, the brain and its membranes completely bloodless in children who died in the midst of convulsions. We have also seen the state of coma, in which many of their diseases terminate, coincide with remarkable paleness of the nervous centres. Sometimes, also, in adults we have been struck with the complete absence of color in the brain, perceptible principally in the grey substance, in cases wherein during life cerebral phenomena had taken place, such as delirium, convulsive movements, coma. Do not animals also, which are bled to death, exhibit symptoms of this description?" "But when we have referred the symptoms to hyperæmia in one case, and to anæmia in another, are we come to the bottom of the subject? By no means; for this hyperæmia and this anæmia are themselves mere effects which, a thing very remarkable, the same influence can very often produce. Thus, by an emotion of the mind, the skin of the face becomes red in one person, and pale in another;" (Clinique Medicale, Spillan's Ed., pp. 91 and 92.)

This enlightened view must be applied to explain the uniformity of symptoms which attend many other deviations from the normal condition of the brain-substance. Thus induration and ædema are both found in atrophic brains, in chronic mania and dementia. Either of them may be attended by a congested or anæmic condition, anæmia being the usual condition, and hyperæmia a frequent but transient state.

With regard to induration of the brain-substance in the bodies of persons dying insane, I have never met with that "leather-like and

fibro-cartilaginous hardness and resistance," to which sclerosis of the brain is described to attain. The slighter degrees of induration dependent upon diminution of water in the brain, and perhaps also to the existence of some amount of albuminous exudation is common in cerebral atrophy. The slighter degrees of induration may be general, but the higher degrees must be partial, since the organ could not perform its functions were it universally changed into a tough substance, like leather or caoutchouc. Callous cicatrices, marking the locality of old apoplectic rents, have offered the only examples of leather-like induration which I have met with among the insane.

Ædema of the Brain, a state in which the tissue of the organ is permeated by water or serosity, is a not unfrequent condition with persons who, with atrophy of the brain, have great general debility or encephalia of the body. The brain appears unusually moist, and its cut surface is of a brilliant white. In extreme instances, this condition is exaggerated until parts of the organ are almost broken down into a pulp, and the appearance of ramollissement is produced. It is not, however, to be considered one form of this affection.

Neither the space at my command, nor the occasional occurrence of the two forms of ramollissement in the insane, render it advisable to describe or comment upon these pathological states. They are not found more frequently in the brains of persons dying insane than in those of others. The same may be said of the cellular infiltration described by M. Durand Fardel. In four hundred autopsies of the insane, I have only met with it in two instances. In both instances it occurred in aged persons suffering from chronic mania, in whom it gave rise to a series of convulsive attacks, which terminated in death. The brains of the insane appear to be certainly not more liable than those of others to various incidental affections. Thus in four hundred autopsies of the insane, I have only once met with an hydatid, only once with tubercular deposit in the substance and meninges, only once with a fibro-cellular tumor, and not once with malignant disease. The arteries at the base do not appear to be more frequently or extensively affected with atheromatous change, than those of sane persons of the same age. And in the bodies of the insane I have never yet met with that cretaceous deposit in the coats of the small arteries, which makes them feel like pieces of fine wire imbedded in the brain-substance.

A large number of brains of the insane I have diligently investigated with a first-rate microscope. The results appear to me to have afford-

ed no distinction between the sane and the insane brain. I have found exudation corpuscles, but only in instances where the existence of inflammatory action was apparent without the use of the microscope; and therefore this microscopic test of cerebral inflammation proposed by Dr. Hughes Bennett, appears to be of little value. In inflammatory and softened parts of the brain-substance, I have found fatty degeneration of the coats of the small arteries; but it remains to be seen whether this change is not as frequent in the brains of the sane. I have not been able to discover fatty degeneration of the arteries where the pathological changes more peculiar to insanity alone existed. The same may be said of fatty degeneration of the brain-substance, consisting in the abundant dissemination of amorphous fat particles, which is found in some specimens of cerebral softening. It seemed reasonable to expect that, by the aid of the microscope, one would be able to ascertain whether any exudation or addition to the stroma of the brain, or any change in size, shape, or proportionate number of its cells, took place: and in the indurated brain of chronic insanity, whether that finely fibrillated exudate which has been described by some writers actually existed; also, whether in extreme atrophy of the brain, any proportion existed in the diminution or degeneration in the form of the cells or tubes. In none of these points of inquiry have I been able to attain the slightest success. The atrophied brains of the insane frequently contain a large quantity of those bodies which bear so close a resemblance both in form and chemical reaction to starch corpuscles. I have found them most abundantly immediately under the lining membrane of the lateral ventricles, but they are to be met with in all parts of the organ. Small plates of cholesterol are not uncommon in degenerated brain-tissue, and I have frequently observed peculiar bodies which I have seen nowhere described. They are in shape like the blade of a lancet pointed at both ends, and about three or four times the width of a nerve tube. They remind me of the raphides of some plants. My present limits do not permit in this place any reference sufficiently detailed to be satisfactory to my investigations upon the specific gravity of cerebral substance. These I have already published in the *Lancet* for Dec. 25th, 1852, and the *Medico-Chirurgical Review* for January 1855, to which I must refer those of my readers who desire to know more of this subject. I may state briefly, that in the thirty cases tabulated in the *Lancet*.

the average specific gravity of the cerebrum was 1040, the range being from 1036 to 1046; while the average specific gravity of the cerebellum was 1043, the range being from 1039 to 1046. It was also observed that the specific gravity was higher "when life had terminated in coma or asphyxia, than when it had ended in syncope or asthenia." In my annual report for 1851, I published some investigations on the same subject, from which it resulted that the average specific gravity of the cerebrum was 1039 $\frac{1}{2}$, and that of the cerebellum 1042. In the sixty-three cases tabulated in the *Medico-Chirurgical Review*, the average of the white substance of the cerebrum was 1039, and that of the grey substance 1037, that of the cerebellum, grey and white substance conjoined 1040. The lowest specific gravity of white cerebral substance was 1033, the highest was 1046; of the grey substance the highest was 1048, the lowest 1030; of the cerebellum the highest was 1040, the lowest 1030. The lowest specific gravities were generally connected with a watery or edematous condition of the brain, which led me to adopt the term "relative atrophy," in contradistinction to that of "positive atrophy," where the organ has actually shrunk. The two conditions, however, may co-exist, as I remarked in the *Lancet*, "The additional fluid which makes the brain light goes to make up for interstitial atrophy, but it does not wholly make up for it, and the brain shrinks from its bone case." "A low specific gravity does not necessarily indicate a diminution of cohesion, or the commencement of ramolissement, although it points in that direction. A brain may acquire a low specific gravity from an increased quantity of fat globules in its tissue, while retaining its normal consistence. I believe, however, that fat tends to accumulate only in softened brain, so that possibly this source of error may not exist; but it is, nevertheless, a point of the utmost importance to determine how much of diminished specific gravity in brain tissue is to be attributed to the effusion of serum, and how much to the accumulation of fatty matter. This question may be resolved by treating the substance with ether, and by evaporation. I am convinced that in circumscribed softening of the brain (true ramolissement,) the low specific gravity is to a great extent owing to the amount of fatty matter deposited. In the last case of the appended table, the specific gravity of the cerebrum generally was 1041; while that of the softened part was 1035; and on examination this pulaceous substance was found pervaded with an immense quantity of fatty matter." The conditions which favor a high specific gravity are congestion

and induration—those which favor a low one are adema and fatty degeneration. A watery or adematous condition of the brain is frequently met with in dementia and chronic insanity generally, and in such cases the specific gravity is low. It is low in the softened condition of circumscribed parts, which the microscope shows to be one form of fatty degeneration; and in other cases in which it is low, it is probable that there is much diffused but unrecognisable fat; finely granular amorphous fat diffused in the stroma, or contained in the cells and tubes, it being highly probable that morbid degeneration of brain-substance, like that of muscular tissue, takes place by the running together of the organic elements into forms of hydro-carbon.

The pectoral and abdominal viscera present in the insane some pathological peculiarities which require notice.

Disease of the heart is very common among the insane. Obstructive valvular disease is often seen in connexion with simple and with hypochondriacal melancholia. Dilatation of the heart with great irritability of the organ, and frequent attacks of palpitation is frequent in chronic mania, and I have observed that this condition of the heart appears to impress its character of excessive excitability upon the mental disease, and that those who thus suffer are susceptible, irritable, impulsive, and subject to gusts of passionate excitement, but that they are neither malevolent nor refractory. In dementia the heart is very liable to undergo fatty degeneration; and in three instances I have satisfied myself by microscopic examination, that death was occasioned by this change.

Disease of the Lungs occurs in the insane in all its varieties. It is frequently latent from the absence of cough, and the patient's absorption of mind preventing complaint. The absence of cough in serious pulmonary disease is very peculiar. In dementia it arises partly from torpor of the excito-motory system, partly from loss of attention, from the same cause in fact as the frequent dirty habits of the insane. In mania it arises from the attention being intensely pre-occupied by the vivid ideas and delusions which absorb the mind. I have seen many patients in advanced stages of phthisis who never were heard to cough so long as they were under the influence of maniacal excitement. When this underwent a temporary diminution, they were greatly troubled with cough, which was again arrested by the recurrence of excitement. The continuance of colliquative diarrhoea and perspiration, and of emaciation, proved that there was no halt in the progress of the lung disease, as the absence of cough has led authors erroneous-

ly to suppose. The torpor of the nervous system in dementia leads to another peculiarity in the lung and some other bodily diseases of the insane, namely, the absence of irritative or symptomatic fever; and hence it happens, that in a demented person whose strength is unimpaired, and whose constitution is tolerably good, diseases will obtain a degree of development, with symptoms so few or obscure as to be incredible to the general physician. It is on this account that the numerous sloughing sores to which general paralytics are liable, produce so little suffering or constitutional irritation. I have known the stomach disorganized by cancer without the patient complaining of any pain until a few days before death, when perforation took place. The only case of carditis I ever saw, occurred in an insane person who complained of no pain, and in whom heart disease was only suspected twenty-four hours before death in consequence of the failure of the pulse. This peculiarity in the intercurrent diseases of the insane should teach the physician to observe with watchful anxiety every physical indication from which he can derive knowledge of the attack of disease, before it is so advanced as to be beyond control. Pulmonary gangrene is more common among the insane than the sane, but not to the same extent here as at Vienna, where it contributes largely to asylum mortality.

Diseases of the Stomach bear to insanity a relation of the highest importance. In acute melancholia attended by refusal of food, its mucous membrane is frequently found to be inflamed and softened, or ulcerated, and it often requires all the skill of the most experienced physician to determine whether an inflammatory condition of the stomach is the cause or the result of the abstinence. Softening of the coats of the stomach is sometimes an effect or a concomitant of advanced cerebral degeneration. Whether the different forms of stomach disease classed under the term dyspepsia, are efficient causes in the production of insanity, by impeding the due nutrition of the body in general, and of the brain in particular, there are no reliable statistical data to determine. The probability is in the affirmative. This, however, is certain, that dyspepsia is common among the insane, and that its removal by therapeutic and dietetic agencies is an important and efficient means of promoting the cure of mental disease. There is nothing remarkable among the insane in the pathology of the small intestines; but the large gut suffers in chronic insanity frequent and extraordinary displacements, which I am quite at a loss to explain. The most com-

mon of these displacements is that of the transverse arch of the colon to the lower part of the abdomen, from whence it again ascends to take its proper position as the descending portion. But the most extraordinary anomaly I ever met with, was the formation of a cul de sac rising in the middle part of the rectum, and ascending in front of the other intestines until it reached the ensiform cartilage, the cul de sac being nearly two feet in length. Its walls were thicker than those of the colon, and it contained all the intestinal coats. The patient in whom it occurred had ascites, and preparations were made for tapping; but percussion and palpation revealed the existence of something strange, and the operation was not performed. Had it been performed in the usual manner, the trocar would have passed into the rectum. My friend Dr. Pursey, of the Warwickshire County Asylum, assisted me in this case, and made the *post-mortem* examination. *The Liver* is not more frequently congested or otherwise diseased in the bodies of the insane than in others. The old Greek theory, that madness depends upon black bile, has no foundation in pathological fact. The only noteworthy peculiarity in the liver which I have observed, has been an apparent loss of its structure occurring in melancholia and dementia of very long standing, and in which great emaciation and prostration of vital power has long preceded death. In seven instances of this kind, I have found the liver shrank and fleshy, and its structure converted into an appearance closely resembling that of the healthy spleen. Dr. Budd describes an analogous change occurring in persons not insane, but with acute and recognizable symptoms.

The Spleen is usually small in chronic insanity.

The Kidneys are remarkably free from disease in all the forms of insanity, and the changes which give rise to albuminous urine are especially rare in them. In the whole course of my practice I have never met with an instance of decided Bright's disease among the insane; and, upon inquiry in other asylums, I have found that the same observation has been made by others. The only case I ever saw was in the Rainhill Asylum, but the patient, an old drunkard, was not then insane. Prior to observation, we should have expected Bright's disease and insanity to have been frequently concomitant, on account of the common influence of intemperance in the production of the two disorders, or even that the former might be the occasion of insanity through the influence of its accompanying anaemia, and the unsecreted urea upon the brain. Renal and vesical calculi are equally rare in the

insane. I have not once met with either, and only once with prostatic calculi. In this case the bladder and kidneys had become diseased from irritation, communicated from the diseased prostate.

The Reproductive Organs are frequently the seat of disease or abnormal function. Among male idiots and imbeciles, instances of deficient or excessive development of these organs are common; and the female population of every large asylum contains several instances of that masculine development of frame and constitution which indicates an abnormal formation of the sexual organs. There can be little doubt, from the number of such instances, that the androgynous character is frequently accompanied by mental imbecility.

Amenorrhœa is a frequent cause or consequence of, or concurrent phenomenon with mental disease, and its removal not unfrequently leads to recovery of sanity. Extreme congestion of the ovaries and uterus, with false *corpora lutea* in the former, I have found in two instances of young women who died during the excitement of acute nymphomania. Ovarian tumors are not uncommon; and at the present time I have two insane patients suffering from ovarian dropsy. One has been tapped several times to ward off the imminent danger of death from the upward pressure of the fluid on the stomach and lungs. The other, an epileptic, I, with the assistance of Dr. Parsey, tapped for the same reason nine years ago, drawing off five gallons of porter-colored fluid, and, strange to say, the cyst has only refilled to a slight extent.

To be continued.

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THE LATE SAMUEL TUKE, ESQ., OF YORK, ENG.

From the York Herald, of Oct. 17, 1857.

OUR obituary of this day will recall a name fraught with no common interest to many of our citizens. Recollections worthy of being retraced will be aroused in some minds—a sympathetic feeling in many—a respectful recognition of departed worth, perhaps we may say, in all. It is one of the most interesting features of the social framework of Britain, that, while it recognizes the distinctions of feudal rank, and records the exit of each worthy head of a time-honored house, as in some sort the property of the nation, not the less through the various gradations of the scale does it appreciate the successful citizen, the independent yeoman, or even the lowly mechanic, if such an one, filling worthily his station, or rising to a higher sphere, has left to his successors incentives to the like honorable course—"foot-prints on the sands of time."

Of the burgher or citizen class, was the immediate family of Samuel Tuke. The name of Tuke early scattered in Nottinghamshire and South Yorkshire, appears in the seventeenth century in the city of York, where the ancestor of the subject of this sketch, having embraced the principles of the Quakers, suffered imprisonment in consequence, in "Ouse Bridge Prison," in the year 1660. Samuel Tuke was the eldest grandson of William Tuke,* who died in 1822, at the patriarchal age of 90, and whose name is so well known as the founder of the Friend's Retreat, near York, in 1792, and as the originator in this country of those principles in the treatment of insanity, which, in their progress, have so much contributed to the alleviation of human suffering. William Tuke's eldest son, Henry Tuke, died at the comparatively early age of 58, not less honored and beloved than his father.

Samuel Tuke, the only son of Henry, who lived to maturity, was born on the 31st of July, 1784. He early co-operated with his grandfather and father in their philanthropic labors. To the subject of insanity especially, as is well known, he devoted a large portion of his time, and in the course of his life was the author of several works which are well known on the Continent and in America, as well as in

* For a memoir of William Tuke, see vol. XII, p. 346.

this country. His "Description of the Retreat" was published in 1813, and led to very remarkable consequences—consequences which the author himself had never ventured to anticipate. Steadily did he pursue his labors in the great work of bettering the condition of the insane, not only by his writings, but by the unremitting attention which he paid to the welfare of the Retreat, of which he was the treasurer for thirty years. Not inaptly has he been called "the friend of the insane."

In 1840 he edited the work of a German physician, Dr. Jacobi; in the introduction to which he fully expresses his views in regard to the provision for the insane, and their moral management, with many practical directions regarding the construction of asylums.

But to many of the readers of this memoir, it is as the public man and the active citizen, that Samuel Tuke will be chiefly remembered. To some, as the man of warm, deep, and abiding sympathies, in private life; to not a few by the earnestness, the deeply devotional spirit; the catholicity of feeling, yet lofty standard of Christian obligation, which marked his religious character.

He was never a party man. His mind was simply incapable of being so moulded. Every line of action which he adopted, however much it might provoke hostility in those who honestly took a different view, was simply the result of some great principle, firmly grasped and rigidly carried out. Thus, he early supported the concession of political privileges to the Roman Catholics, when a very different view might have been expected from association and training. Yet his mind was essentially conservative, in the sense of a deep feeling of the venerable—intense in proportion to the moral worth associated with it. Equally strong was his love of social order—his idea of government as the embodiment of a governing moral force.

The period of his life comprised events of no ordinary political interest and importance. The contested election for the county of York in 1807; the abolition of the slave trade, and the struggle for the extinction of the system of slavery; the Reform Bill of 1832, and the carrying out of its spirit and principles, may be mentioned as subjects in which he felt and manifested a warm interest.

There was, we believe, only one occasion on which he appeared before the public in any sense as a political partisan. In the year 1833, on the election of the Hon. Thomas Dundas to fill a vacancy in the representation of the city of York, having been himself solicited

to stand, he gave the full weight of his eloquence in support of that gentleman. This was very much prompted by an ardent wish to carry out these principles to which we have already alluded, and which, in his mind, were inseparably connected with the idea of a true reform in the representation.

It was, however, in support of the claims of the British and Foreign Bible Society—in anti-slavery efforts—the cause of scriptural education of the poor—and various movements of a philanthropic or religious character, that his influence and his voice were most frequently exerted.

We might, were it needful, enumerate the various charitable institutions of the city as partakers of his pecuniary or active personal assistance. Judicious benefit societies for the working classes—sanitary reform—his active and unremitting exertions when guardian of the poor, will naturally be suggested to the minds of those who may have watched his public life, or shared his labors. In this last named capacity, his sympathy with suffering, and intense aversion to any thing bordering upon oppression, were obvious features of his character.

Samuel Tuke's mind was a rare combination, comprising a sound judgment, with no small measure of more shining qualities. To a vigorous and perceptive intellect, he united a vivid imagination, and a strong sense of the beautiful. He was therefore a man of taste—rigidly correct *taste*. His eloquence, though somewhat unequal, was of a striking and often lofty character. There was a masterly comprehension of an idea—forcible, clear, and well-enunciated expression. On certain occasions the clear summing-up of conflicting arguments, and the delivery of a lucid judgment with calm precision, yet always with a certain warmth of feeling, elicited a display of mental power not easily forgotten.

The preceding slight outlines will be readily filled up by those who knew the man, not less readily when we allude to him as the kind neighbor, the unwearied benefactor to the poor, or the fellow-citizen, sharing in

“the talk
Man holds with week-day man in his hourly walk,
Of the mind's business.”

We must not omit to say that Samuel Tuke was a *man of business*. He was long the head of a prosperous firm succeeding to the con-

cern founded by his grandfather, now about a century ago. The un-failing energy and varied talents of a mind whose home was in far higher pursuits, precluding him from being less than the presiding mind of the whole,—these were best understood by persons brought into intimate association with him in this character.

The sanctuary of the domestic hearth with such a mind was indeed a sanctuary; and only the large and happy family who revered him as a parent can fully understand the associations which this allusion may call forth. After eighteen years of married life, he was called upon to endure the severest trial which human affection can undergo. But the man, or rather the christian, though “cast down was not destroyed” and soon was he again active in the field of duty, with energies only deepened by the shade of sorrow. His active intellect hardly seemed to admit of repose. It had been well, indeed, if such a mind had more of the disposition to relax. Playfulness was not an element in his character, which was naturally stern, but not the less was there the flow of natural wit, and at times a chastened humor more delightful still. His religious character may be touched upon briefly, because of the sacredness of the subject; confidently, because it was the substratum of his moral being—at once the spring and the regulator of his energies. We would fain appeal to those who, alas! are no more household names in our city—the names, well recognised in their day, of William Gray, John Graham, Anthony Thorp, Thomas Wernyss—as members of a vanished circle (as we can confidently to not a few still living) who would instantly appreciate the soundness and stability of his christian character.

As a member of the religious society of Friends, by conviction as well as by birth, he was, as in everything else, the active exemplar of the principles he adopted. He carried them out for himself, even in their remoter bearings; but surely we need not again say that Samuel Tuke belonged less to a sect than to the universal Christian church.

BIBLIOGRAPHICAL.

THE LIFE AND LABORS OF GALLAUDET.*

THE life of Gallaudet, so far as its public labors in the cause of christian philanthropy were concerned, naturally divides itself, according to the plan of his biographer, into three periods. The first embraces his distinguished services in behalf of the deaf and dumb; the second his efforts for the promotion of general religious education; and the third his chaplaincy in the Retreat for the Insane at Hartford. Gallaudet's fame belongs properly to the first, more than to the second and third of these periods. For his mission in behalf of the unfortunates who earliest engaged his attention, he had a remarkable adaptation and aptitude; and having thus furnished him for his work, Divine Providence at the critical moment, opened the way to its performance. We shall, however, but briefly refer to this portion of his life, though it is in itself the most striking, and to the majority of readers by far the most attractive. It for that reason less needs any service our pen can render in commending it to general regard. Almost every body has heard of Gallaudet as the Principal of the Deaf and Dumb Asylum at Hartford, the first institution of the kind known in the United States, and in some respects an improvement upon its European models. Few, however, knew this pure-minded philanthropist as the friend of that still larger class of unfortunates, the *insane*; and the services scarcely less efficient and important, which he rendered them in the closing years of his life. It belongs more appropriately to the province of this JOURNAL to note these services, and gratefully record the estimation in which we hold them.

THOMAS H. GALLAUDET was born in the city of Philadelphia, Dec. 10th, 1787. He was still young when his parents removed to Hartford, Conn., the destined scene of his future labors. He entered the sophomore class in Yale College, in the fall of 1802, at the too tender age of fifteen. Notwithstanding this disadvantage, he bore off at the end of

* The Life and Labors of Rev. T. H. Gallaudet, LL. D., by Rev. Heman Humphrey, D. D. New York: Robert Carter & Brothers.

his course the highest honors of his class, and a testimony from all who knew him, in favor of the moral worth, as well as intellectual superiority which had characterized his collegiate life. For a while afterward he devoted himself to the study of the law, but his health failing him, he accepted for two years the place of tutor in the institution from which he had graduated.

The state of his health requiring more active employment, he entered upon a commission for a commercial house in New York, which by affording him opportunities of travel, soon invigorated his constitution, and prepared him for the next important step towards his future mission. This was his education for the Christian ministry. His conversion occurring at this period, led him to relinquish further thought of a business career, and determined him to enter Andover Theological Seminary, which he did in the fall of 1811. He was licensed in 1814, and became immediately an acceptable and impressive preacher.

But while pursuing his studies at Andover, he had during his vacations spent in Hartford, made the acquaintance of a deaf mute, the child of Dr. Cogswell, one of the wealthiest and most respected citizens of that town, and who was already engaged in earnest endeavors to mitigate the force of the calamity which had fallen upon his beloved daughter. Gallaudet's acquaintance with the child had deeply interested his feelings in her welfare, and had served also to discover his peculiar talent for communicating with this class of persons. Dr. Cogswell soon found in him the very man he needed to prosecute inquiries abroad as to the best methods of instruction, then employed with the deaf and dumb. Accordingly, in the spring of 1815, he sailed for Europe, and after encountering unexpected difficulties in the way of obtaining the information he desired, was able to secure a situation as pupil in the famous institution at Paris, under the management of the Abbé Sicard. In three months he had mastered the sign language employed by the Abbé, and was ready to turn his face homeward.

The Asylum at Hartford was opened in the spring of 1817, just two years after the first steps taken for its establishment. In the autumn of 1818, the Asylum contained from 50 to 60 pupils, and between the years 1825 and 1830 the number had increased to 140. The fifteen years which Mr. Gallaudet thus gave to the cause of deaf-mute education, produced an entire revolution in its prospects in this country, and exerted an influence which is steadily augmenting year by year, and probably will until the years of time are numbered.

The failure again of his health in 1830 obliged him to resign his post as Principal of the Asylum. He was immediately beset with proposals from the patrons of numerous public enterprises, with a view to securing his acknowledged and well-tried abilities, but he felt unequal for the present to assume the leadership of benevolent societies, or the oversight of schemes and schools of education. For the most part during several succeeding years, he devoted himself, as strength permitted, to various literary pursuits, among which was the preparation of those valuable religious treatises, known as the "Practical Christian," the "Child's Book on the Soul," the "Child's Book on Repentance," "Youth's Book on Natural Theology," &c. &c., some of which, after achieving a wide-spread popularity in the English language, have been translated into the French, German, modern Greek, Greco-Turkish, Armeno-Turkish, Burmese, Chinese, and the language of the Sandwich Islands.

In the year 1838 a correspondence was opened with Mr. Gallaudet, on the part of the directors of the insane hospital at Worcester, Mass., and of Dr. S. B. Woodward, the Superintendent, with a view to induce his acceptance of the Chaplaincy in that institution. His previous labors among the deaf and dumb, and in behalf of the religious instruction of children, combined with his well-known philanthropy and piety, were thought to constitute a fitting preparation for this important office. While this proposal was under consideration, a similar proposition was extended to him by the officers of the institution at Hartford, which circumstances of a domestic nature led him to accept, and on the 6th of July, 1838, he signified his readiness to enter on his new duties. His first sermon was preached, Sabbath, July 15th. The following extract from his diary reveals the spirit in which he undertook the service.

"Sabbath, July 15th, 1838.—This day at 3 P. M. I commenced my labors as Chaplain to the Retreat for the Insane in Hartford, Conn., by conducting religious services there, and preaching my introductory sermon. Out of ninety, the whole number of patients, eighty attended. The assembly, in all, consisted of one hundred. The Rev. Mr. Spencer and the Rev. Mr. Rich, two of the patients, at the request of Dr. Fuller, sat on my right and left. One of the female patients, on account of her incessant, loud talking, just before the exercises began, was led to her room. All the rest were quiet, and conducted themselves with great propriety, excepting a very little chattering from a male patient, which, however, was soon stopped. O, for a single eye to the glory of God, and the advancement of the Redeemer's kingdom, in this my new sphere of duty! O God, by thy Holy Spirit purify my motives, and guide and encourage me in my work, for Christ's sake."

Of course so earnest and conscientious a preacher as Gallaudet would not rest contented with any merely negative or formal style of pulpit service, even in the chapel of an insane asylum. He felt that it was a place where the gospel in its *fullness* and *purity* needed to be preached as truly as elsewhere, yet *how* this should be best done under the peculiar circumstances in which he was now placed, was a question that demanded thought, as we see by his journal of Aug. 19th and 20th.

"I am becoming more and more convinced that a judicious physical and religious education, on the simple principles of the Gospel, with early piety, constitutes the best security against mental alienation, and if it must come, affords the greatest facilities for the use of those means which, under the blessing of God, will result in restoration. Mr. W. rode home with me part of the way. He thought my confession of sin, in prayer, was too strong for the insane, that it might disturb and agitate them. This involves a point of deep interest—to what extent the simple truths of the Gospel may be brought out, in the religious exercises in the Retreat, with benefit to the patients. May the Spirit of Truth and Grace direct me in this matter. My impression now is, that the best course is, in a calm and kind manner, to bring out *these truths*, and to lead the insane to feel, so far as they have reason left, that *Christ, in his mediatorial character, is their great hope*; that he is ready to sympathize with them in their affliction, and to *save them as sinners*. But the manner of doing this must be looked to."

We are aware that the sensitiveness which was here manifested in regard to the fervor of Mr. Gallaudet's pulpit services is not an unnatural, nor in past times an uncommon one on the part of the officers of institutions for the insane. Yet we believe the conclusion to which the wisest minds have come on this point is simply this: whatever would be judicious preaching for any ordinary congregation is judicious also for such an assembly as a lunatic asylum affords. First of all let the chaplain be a truly wise and pious man, and then let him out of a full heart and a free utterance give the gospel unimpeded course among his hearers. Let him there as elsewhere make Paul's motto his own, of "knowing nothing but Christ, and him crucified," and he has nothing to fear, but everything to hope for, as to the effect produced. We have listened to a large variety of preachers within the walls of our asylums, and have heard almost every style of discourse, excepting that which would have been unworthy *any* pulpit, and we have never observed any injurious influence resulting. As a general thing a clergyman who would be acceptable and useful to an intelligent congregation elsewhere, would meet with little obstruction that was unusual in the way of his public ministrations here. We fully subscribe to the

opinion expressed by Mr. Gallaudet, after several year's experience in his chaplaincy, that "the evidence in this and other institutions is daily accumulating that the blessed truths of the gospel are peculiarly adapted to the singular and affecting condition of the insane; furnishing one of the most efficacious means of cure, and one of the greatest securities after restoration to soundness of mind, against a relapse. A new triumph of the cross of Christ! Why, may I ask again, are the insane so rarely remembered in our private, domestic, and public devotions? When our Saviour was on earth, the *lunatic* had a prominent share of his compassion."

The most difficult part of a chaplain's labors in an institution for the insane relates to his *pastoral* rather than pulpit services. There is a demand here for a peculiar soundness of judgment as well as delicacy and skillfulness of address which are not among the gifts of every able and acceptable preacher. It requires no little firmness of nerve and fertility of resources to meet all the various emergencies that may arise during a single visit through the wards of a lunatic asylum. Mr. Gallaudet was abundantly furnished for this department of his work, and he prosecuted it with great satisfaction and an encouraging measure of success. The following extracts from his journal will be read with interest in this connection.

"April 23rd.—Had considerable conversation with Mr. C., a patient from B., and some with Mr. A. Remember that the patients often have great delicacy and sensibility, and require to be treated accordingly. Are not the insane peculiarly sensible to kind, gentle, and delicate sympathy?"

"June 9th, Sabbath.—After service, visited both the male and female wings, with Dr. Fuller and Dr. Hayley, and addressed religious conversation to a great number of the patients. All but one received it pleasantly; that was Miss C., who made some skeptical remarks in reply. How much more good might be done, by having the whole time of a chaplain devoted to the institution, and he then to have daily, personal conversation with such of the patients as, in the opinion of the physician, would be benefitted by it, on religious subjects."

"June 27th.—After prayers, went through the female wing with Dr. Fuller. Several of the patients there are in a very excited state. Dr. F. and myself had some conversation with them. Might not ingenuity and skill, and above all Christian benevolence, mingled with great kindness and delicacy of conduct, do vastly more than is done, for the comfort of these poor beings, and for their restoration? Prayer should be at the foundation of the daily efforts that are made for this object."

The need of suitable employment and recreation for the insane was

a subject that early engaged the attention of Mr. Gallaudet. He anticipates in his journal for March 12th, the arrangements which in later years have been to a greater or less degree adopted in all our asylums.

" March 12th.—Visited Mr. L. and found him very unwell, and exceedingly depressed in mind. More should be done to bring the insane under the influence, during the whole time, of rational and cheerful piety. Those who have the care of them need such a piety themselves; and to act from religious, benevolent principle, feeling a pleasure in their employment, and regarding it as one of a truly elevated kind, inasmuch as they are, in an eminent degree, following the example of Christ, if they act from the motives which he presents to his followers."

One other point we desire to notice before closing this hasty review of Mr. Gallaudet's labors. We refer to his disapproval of all use of deception in the treatment of the insane. The esteemed superintendent of the Retreat, it appears, differed with him in this particular, but it was impossible for the ingenuous and conscientious chaplain to yield his opinion on such a point to any human authority. His attention was early called to the effects of the two policies, and the result of his observation confirmed his previous opinion. He refers to the subject in the following entries in his journal.

" April 12th.—Visited the male wing. Mr. Hotchkiss, among other things, observed that no deception should be practiced with the patients. They knew it when it was done, and it made them the more uneasy. He said, if they asked for what was not proper for them, give them a plain denial at once, and they will be much better satisfied."

" April 20th.—Had some conversation with the male patients in the physician's room. Mr. G., a patient, told me that he thought it would be much better to practice no deception with the patients. He complained of it, and said they would be vastly better satisfied to have it laid aside altogether, and if they were to be denied anything, to be told so plainly and explicitly."

" Dec. 4th.—Soon after dinner, called on Miss C., at Miss Ely's, who is in a deranged state of mind. Had a long conversation with her, and endeavored to persuade her to be willing to go to the Retreat. She said she would see me again to-morrow. At the request of Mrs. H., her sister, and of Mrs. Ely, I called on Mr. Daniel Burgess, and requested him to call at Mrs. Ely's and let Miss P. know that her friends had concluded that she *must* go to the Retreat, and to compel her to go if necessary. I advised this course, in preference to any that involved any deception or maneuvering. It was taken, and the object accomplished without any difficulty, she only protesting that she went against her will. She arrived at the Retreat immediately after prayers; at which time I officiated, as usual. It has been my undeviating course,

to which I think is the only correct one, to practice nothing like deception or collusion with the patients, and to fulfill strictly all my engagements with them." These views have been abundantly re-affirmed in the experience of the officers of lunatic asylums, and have led to the adoption very generally of the salutary rule of excluding all deceptive management. We hold that the Scripture inculcation of "speaking truth every man with his neighbor," applies as much to physicians as any other class of men, and to those who minister to ailing minds as well as those who prescribe for diseased bodies. The very person our Saviour describes as a *neighbor*, in the parable of the good Samaritan, we find in the act of receiving medical relief,—a sufficient proof that every physician who lives up to the true spirit of his profession is included in the apostle's injunction. *His neighbor* is his patient, the person to whom he has the opportunity which the good Samaritan embraced, of administering relief whether for a broken body or a shattered mind. He is therefore shut up by express precept to a fair and honest dealing with the sick, nor can any consideration of mere expediency impair its force. Such an expediency is commonly as short-sighted as it is immoral. It accomplishes no good to the patient, and often inflicts a serious injury. And if such deception is not to be tolerated in the case of the diseased body, no more is it with reference to the disordered mind. An insane person is under the power of delusion, and what is needed to his deliverance from it, it stands to reason, is truth, and not falsehood. He wants not to be confirmed in his delusion, but to be convinced of its falseness; and whether truth or falsehood is the best instrument to that end, it is not difficult to determine.

The deepest impression made upon our minds in perusing the record of Gallaudet's life and labors is that derived not from his genius, but from his *goodness*. He had talents which, without rendering him in the usual sense of the word a *great* man, yet eminently fitted him for the work he had to do. Mere intellectual capabilities, however, would have gone but a little way in qualifying him for the influence he was to exert upon his own and future times. The secret of his power lay in his deeply religious and benevolent spirit. He lived "not unto himself," and this not in any mere humanitarian but in an eminently evangelical sense. His religious faith was at the root of his personal excellence and his official usefulness. "The love of Christ constrained" him. He drew the inspiration of his ceaseless activity

in the service of his race, directly from the Cross. Every doctrine of his creed had a practical signification, and was translated into those acts of charity and piety which more emphatically than any logical demonstration declared its heavenly origin. As we read the biography of such a man we are convinced of the truth and power of the gospel as no volume of evidences drawn from prophecy and miracles could render us, and we instinctively say, in words varying a little from those which broke from Balaam's lips when beholding the goodly inheritance of Israel, "Let me *live the life of the righteous, and let my last end be like his.*"

REPORTS OF AMERICAN ASYLUMS.

I. *Reports of the Trustees and Superintendent of the Maine Insane Hospital, 1856.* Augusta, Me. 1856.

Dr. Harlow has the gratification of finding that his efforts to awaken an increased interest in the institution over which he so faithfully presides, and in the subject of proper provision for the care and cure of the insane in his State, has been crowned with a good degree of success. His suggestions have met with a prompt and ready response on the part of the Legislature; and a strong evidence of the higher estimation in which the Hospital is held by the public, and their confidence in its management, is also made manifest by a large increase in the number of patients received.

The passage of an act has been secured, whereby the State assumes one dollar per week of the expense of all patients sent to the Hospital who are unable to pay their own bills, and have no relatives of sufficient means, liable by law for the same. The advantages anticipated from this enactment have been fully realized. The main cause of the unwillingness on the part of many of the town and county authorities to transfer their insane poor to the Hospital has thus been removed, and eighty-six insane persons, have enjoyed its advantages through the provisions of this law, "who would otherwise never have seen the institution, or having seen and known its comforts would have been returned to the alms-house."

	Males.	Females.	Total.
Remaining Nov. 30th, 1855,	86	69	155
Admitted during the year,	85	64	149
Whole number treated,	171	133	304
Discharged recovered,	29	25	54
" improved,	11	11	22
" unimproved,	13	6	19
Died,	14	5	19
Total discharged,	67	47	114
Remaining, Nov. 30th, 1856,	104	86	190

The deaths were from general paralysis, six; tubercular consumption, four; maniacal exhaustion, three; marasmus, two; pneumonia, one; diarrhoea, one; serous apoplexy, one; and epilepsy, one.

II. Twentieth Annual Report of the Officers of the Vermont Asylum for the Insane. August 1856. Brattleboro, Vt. 1856.

Dr. Rockwell is enabled to report that another year of great prosperity has been added to the history of the institution. He remarks:

"Nearly thirty years' experience in the treatment of the insane, has served to strengthen in my mind an early conviction of the importance of placing them in a proper asylum as soon as practicable after positive evidence of insanity has become established.

"Of late years public attention has been so frequently drawn to the subject of insanity in various ways, and the requirements of the insane are generally so well understood, as evinced by the erection of one or more hospitals now in almost every state of the Union, it would seem as though it would be unnecessary to say any thing further upon the necessity of placing them early under treatment.

"But the experience of each succeeding year still further convinces me that the insane never have received, and it is feared, in the same proportion as other disorders, never will receive the full advantage of early and prompt treatment. It is difficult to impress upon the common mind the fact that mental derangement, like that of any other function of the body, is curable in proportion to the alacrity with which we set about the work of restoration.

"Insanity is frequently the result of an impression made upon the brain by some sudden and powerful emotion, or prolonged and inordinate action of the mind. The brain in such instances is usually prepared or rendered liable to the influence of such impression, either from development of a constitutional predisposition, or from disease in itself, or from sympathy with some

other diseased organ, or from debility in common with the general powers of the whole system.

"But in whatever manner insanity occurs, a continual exposure to the exciting cause that gave rise to it would evidently have a strong tendency to increase the difficulty. Therefore it becomes the imperative duty of the responsible friends of a deranged person to remove him at once from the associations by which he is surrounded at the time of the attack, and to place him in a hospital for the insane, where alone such diseases can be treated with much chance of success."

The usual statistics are as follows:

	Males.	Females.	Total.
Remaining August 1st, 1855,	185	209	394
Admitted during the year,.....	80	92	172
Whole number treated,.....	265	301	566
Discharged recovered,.....	82	82	164
" improved,.....	21	21	42
" not improved,.....	18	18	36
Died,.....	38	38	76
Total number discharged,.....	75	84	159
Remaining, Aug. 1st, 1856,.....	190	217	407

III. Report of the Board of Trustees of the Massachusetts General Hospital.

Presented to the Corporation at their annual meeting January 28th, 1857. Boston, Mass., 1857.

The "Thirty-ninth annual report of the Physician and Superintendent of the McLean Asylum for the Insane," embraced in the above, is from the pen of Dr. CHAUNCEY BOOTH, whose early death not only a large circle of acquaintances and the community in which he resided, but the entire profession, and thousands to whom he had in former years borne the relation of physician at the McLean Asylum, and in the hospitals of Maine and Vermont, have recently been called to mourn.

In addition to the general history of the institution for the year, we have some brief but very interesting remarks upon the increase of insanity in our country, the inquiry whether this increase is in greater proportion than the growth of the population, and the causes to which it is attributable. In the enlightened and philanthropic spirit which pervades this report, and the consideration of these topics, we find the secret of his great success in the speciality to which he early devoted himself, and in the active discharge of the duties of which he continued until overpowered by disease! Not less characteristic than instruc-

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" Of late years public attention has been so frequently drawn to the subject of insanity in various ways, and the requirements of the insane are generally so well understood, as evinced by the erection of one or more hospitals now in almost every state of the Union, it would seem as though it would be unnecessary to say any thing further upon the necessity of placing them early under treatment.

" But the experience of each succeeding year still further convinces me that the insane never have received, and it is feared, in the same proportion as other disorders, never will receive the full advantage of early and prompt treatment. It is difficult to impress upon the common mind the fact that mental derangement, like that of any other function of the body, is curable in proportion to the alacrity with which we set about the work of restoration.

" Insanity is frequently the result of an impression made upon the brain by some sudden and powerful emotion, or prolonged and inordinate action of the mind. The brain in such instances is usually prepared or rendered liable to the influence of such impression, either from development of a constitutional predisposition, or from disease in itself, or from sympathy with some

other diseased organ, or from debility in common with the general powers of the whole system.

"But in whatever manner insanity occurs, a continual exposure to the exciting cause that gave rise to it would evidently have a strong tendency to increase the difficulty. Therefore it becomes the imperative duty of the responsible friends of a deranged person to remove him at once from the associations by which he is surrounded at the time of the attack, and to place him in a hospital for the insane, where alone such diseases can be treated with much chance of success."

The usual statistics are as follows:

	Males.	Females.	Total.
Remaining August 1st, 1855,	185	209	394
Admitted during the year,	80	92	172
Whole number treated,	265	301	566
Discharged recovered,	89	92	181
" improved,	21	21	42
" not improved,	18	18	36
Died,	38	38	76
Total number discharged,	75	84	159
Remaining, Aug. 1st, 1856,	190	217	407

III. *Report of the Board of Trustees of the Massachusetts General Hospital. Presented to the Corporation at their annual meeting, January 28th, 1857. Boston, Mass., 1857.*

The "Thirty-ninth annual report of the Physician and Superintendent of the McLean Asylum for the Insane," embraced in the above, is from the pen of Dr. CHAUNCEY BOOTH, whose early death not only a large circle of acquaintances and the community in which he resided, but the entire profession, and thousands to whom he had in former years borne the relation of physician at the McLean Asylum, and in the hospitals of Maine and Vermont, have recently been called to mourn.

In addition to the general history of the institution for the year, we have some brief but very interesting remarks upon the increase of insanity in our country, the inquiry whether this increase is in greater proportion than the growth of the population, and the causes to which it is attributable. In the enlightened and philanthropic spirit which pervades this report, and the consideration of these topics, we find the secret of his great success in the speciality to which he early devoted himself, and in the active discharge of the duties of which he continued until overpowered by disease. Not less characteristic than instruc-

tive is the following extract upon defective training in youth as a cause of subsequent mental disease.

"One of the greatest defects in our system of education is the almost universal disposition which exists of educating only a part of man's nature. It has been thought, that, if we charged the head with stores of learning, we had done our whole duty; while, in fact, a child with only his intellect cultivated, is but ill prepared to meet the strifes and vexations which wait an active life. While the affections are left to develop themselves as they may, and the propensities to riot unmolested, I am not certain that our system of education, so partial in its demands, does not, on the whole, do as much harm as good. We may store the head with the treasures of knowledge; but, unless we train the whole man, bring the affections into healthy play, and moderate and guide the propensities, we are only sowing seeds whose harvests too often mature some of the diverse forms of mental derangement. The teacher is not so responsible as the parent. It is to be expected that the better part of our nature is to be brought into lively exercise under the parental roof. And here I can not but allude to the growing neglect of parental discipline and instruction. It is not necessary to return to the sternness of our ancestors, though such a discipline would be better than the great neglect which is so deplorably evident in the training of the young of our day. If this abandonment of the young to chance, or to influences which can not fail to surround them when away from home, continues much longer, the term 'moral insanity,' will cease to raise a smile or a sneer and have a significance in the popular estimation hardly less prominent than it has in the professional mind. Our range of observation need not be extensive to satisfy us of the truth of this position. Reverence for age has become well nigh obsolete; and the younger branches of the community, instead of serving the elders, are most emphatically served by them. How many in our midst are growing up without any check to their unhallowed passions, or any restraint upon their wild desires! It is not more certain that manhood will succ to youth, than that we must reap as we sow; and he who enters on life without a discipline of the affections, or without restraint in the propensities, has laid the foundation for a future which will yield for him the bitter fruits of repentance and sorrow.

"The late Dr. Woodward says, 'A defective and faulty education, through the period of infancy and childhood, may, perhaps, be found to be the most prolific cause of insanity. By this, in many, a predisposition is produced; in others it is excited, and renders uncontrollable the animal propensities of our nature. Appetites indulged and perverted, passions unrestrained, and propensities rendered vigorous by indulgence, and subjected to no salutary restraint, bring us into a condition where both moral and physical causes easily operate to produce insanity, if they do not produce it themselves.'

The general statistics of the year are presented in the annexed table:

	Males.	Females.	Total.
Remaining January 1st, 1856,	88	104	192
Admitted during the year,	87	62	149
Whole number treated,	175	166	341
Discharged recovered,	36	32	68
improved,	8	14	22
not improved,	24	7	31
Improper objects, "unfit,"	3	2	5
Died,	10	9	19
Total discharged,	81	64	145
Remaining, January 1st, 1857,	94	102	196

In regard to the hereditary transmission of the *form* of mental disease, Dr. Booth does not think it characteristic of the **more common forms** of insanity, but that it is eminently true of suicidal insanity, insanity connected with epilepsy, apoplexy, and paralysis, and "some types of moral disease." To the interesting cases given by Esquirol, Gall, and Rush, he adds the following: "A young woman, who, a few years ago was under the care of this institution, was immediately related to no fewer than ten persons who had destroyed themselves; and she, too, died by her own hands. Our records afford instances scarcely less striking where suicidal insanity has existed in the same family for several generations. Epilepsy, apoplexy, and paralysis, present frequent illustrations of this hereditary transmission. An interesting example occurred recently in the experience of this institution. A woman, past fifty, of a well-balanced mind, began, about a year since, to exhibit great irritability, which was unusual with her; and in a few months later, was seized with apoplexy, which resulted in insanity. She was immediately brought here, but died soon after in an attack of apoplexy. Two brothers, a sister, an uncle and aunt, and several more distant relations, have terminated their lives in a similar way."

IV. Third Annual Report of the Trustees of the State Lunatic Hospital at Taunton, December 1856. Boston, Mass., 1857.

The results of treatment, and the success which has attended the operations of the hospital at Taunton reflect great credit upon the professional ability and devotion of the medical superintendent. Notwithstanding the large number of old and incurable cases with which its wards were nearly filled at its opening, by transfer from the hospital

at Worcester, and the unfavorable form of disease in many patients since received, the percentage of recoveries is large, and compares very favorably with the results in other asylums.

From the statistics it appears that there were

	Males.	Females.	Total.
Remaining Nov. 30th, 1855,	126	136	262
Admitted during the year,	82	103	185
Whole number treated,	208	239	447
Discharged recovered,	33	29	62
" improved,	7	9	16
" unimproved,	13	17	30
Eloped,	1	1	2
Died,	14	26	40
Total discharged,	68	81	149
Remaining Nov. 30, 1856,	140	158	298

The form of mental disease in those admitted was: mania in ninety-four; melancholia, twenty-eight; monomania, thirteen; dementia, forty-two. Dr. Choate remarks:

"The greater part of the recoveries are from the first class, and if in the acute stage, and admitted early, and not accompanied by fatal organic lesion, nearly all the cases of mania are hopeful. Next in point of curability are the cases of melancholia, a considerable portion of which recover, temporarily at least, though permanent recoveries are not so general as in the preceding class.

"Cases of monomania recover much more rarely; still less seldom do those of dementia, which, if chronic, tend to constant deterioration. The large number of the latter class of patients, which came to us the first year from the Worcester Hospital, must have a serious effect upon the proportion of our recoveries for years to come.

"Twenty-nine deaths occurred this year from chronic diseases, which had been operating for months, some of them for years, and were of a character necessarily fatal in their result. Of the remaining eleven, six were the consequence of that dreadful exhaustion which follows the stage of intense excitement in acute and typho-mania. But one death occurred from fever, and two from dysentery, so that on the whole we may consider that a high degree of health has existed among the inmates of the hospital during the past year. One death it will be noticed occurred by self-destruction. The patient, an Irish female, brought to us late in the evening by an officer, from whom we could gain no information concerning her history, or the character of her disease, committed suicide by strangulation with a strip of cotton, before the following morning. Out of an aggregate number of six hundred and eighty-four patients received, with the usual proportion of them having the suicidal

tendency, this is the first death in this hospital from this cause. And even this one would probably have been avoided, could we have obtained that knowledge of her case which ought always to be furnished us."

One of the causes of the unreasonable prejudice existing against insane institutions, now happily decreasing, is attributable, Dr. Choate thinks, and very correctly, to the influence of patients removed before they are fully recovered.

"It is a rare thing for a patient who is perfectly recovered to have any but the most grateful feelings towards the institution and those connected with it. Frequent letters from discharged patients, expressing gratitude and kind feelings, are among the most pleasing incidents connected with the management of a lunatic hospital. There are many of our old patients, from whom we frequently hear, and occasionally receive visits. Whenever feelings of a different character exist, it will almost invariably be found that they who experience them remember only the most distressing periods of their malady, without ever knowing those feelings which accompany a return of reason."

We close our notice of Dr. Choate's very complete and interesting report, with the following extract upon the subject of the impropriety of admitting insane criminals into general institutions.

"During the past year two convicted felons have been sent to us from the houses of correction. Both of these men are of the worst and most dangerous class of criminals. They were sent to us, not with the expectation that they could be cured of their insanity, but because they were feared in the prisons. Besides these, two men, sent the previous year from the state prison, one of them convicted of manslaughter, the other of highway robbery, still remain with us. The impropriety of their being sent to a hospital as a place of confinement, was strenuously remarked upon in the last report. Their influence upon the other patients is in all respects bad. Their language is low and profane, and abusive of the officers and attendants. They need a different mode of treatment from the other inmates, which introduces a disturbance in carrying out the regulations of the institution.

"The constant vigilance which is necessary to prevent their escape, and to insure safety from them, absorbs too much of the attention and time of both officers and attendants, and takes them away from their legitimate field of duty. The security of society, the safety and good of the insane, and the reputation of our lunatic hospitals, imperatively demand that they should be kept elsewhere. The asylum for the insane should not present the spectacle of being the only place, where crime and innocence are associated together, and where proper regard is not paid to security from men convicted of the worst crimes. The repugnance which exists in all virtuous minds to contact with vice, does not necessarily leave the individual who becomes insane. It not unfrequently happens that this sensibility is heightened to a great degree. And even in cases when it is lost, it should be one of our first duties to en-

deavor to restore it. It only remains for us to ask whether it is better for the convicts themselves to remain in the hospitals. My own belief is decidedly that a residence in the prisons would be preferable for them. The prison is constructed, arranged and governed with a view to keep this class with as much comfort as can be consistent with safety. The hospital is built and regulated with a view to an entirely different class. To be kept safely in the latter, more strict confinement of the convicts is necessary, and there are no safe means of occupation for him, (and all who have been sent to us have been fit to be employed.) It is necessary, also, to place him among the worst class of lunatics, where he is annoyed by their cries, and the mutual influence of each upon the other is equally bad. As yet, none of this class have escaped from us, and none have committed any serious injury. But how long we may continue to keep them so safely, is a matter of great doubt."

V. Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation, January 28th, 1857.
Providence, R. I. 1857.

During the year ending with the date of this report, an apparatus for warming and ventilating the institution by means of steam coils and a fan has been introduced. As one instance of the liberality and munificence of the board of trustees by whom Dr. Ray is so ably and warmly seconded, it may be stated, that the whole of the estimated sum required for this purpose, and the improvements connected therewith, (\$15,000) was subscribed by the board, and the president of the corporation. Such acts of generosity on the part of gentlemen giving their gratuitous services, year after year, as managers of an institution, have indeed, few parallels.

The statistics for the year are as follows:

	Males.	Females.	Total.
Remaining Dec. 1st, 1855,	61	76	137
Admitted during the year,	38	21	59
Whole number treated,	99	97	196
Discharged recovered,	14		
" improved,	18		
" unimproved,	5		
Died,	16		
Total discharged,	29	24	53
Remaining, Dec. 31st, 1856,	70	73	143

Since the opening of the institution in 1848, seven hundred and seventy-eight patients have been admitted, and six hundred and thirty-five discharged. Of the latter, two hundred and forty-five recovered, two hundred and one were improved, forty-one were unimproved and one hundred and forty-eight died.

VI. *Report of the state of the New York Hospital and Bloomingdale Asylum, for the year 1856.* New York, 1857.

Dr. Brown's report, embraced in the above, is again very brief. The results of treatment in the institution during the year, as presented in the following table, are very successful.

	Males.	Females.	Total.
Remaining Jan. 1st, 1856,	56	71	127
Admitted during the year,	73	61	134
Whole number treated,	129	132	261
Discharged recovered,	35	19	54
" improved,	13	14	27
" not improved,	7	10	17
Died,	10	9	19
Total discharged,	65	52	117
Remaining, Jan. 1st, 1857,	64	80	144

"Of the twenty-seven discharged improved, eighteen had been in the asylum for a period not exceeding three months,—seven continued to convalesce after leaving the asylum, and are known to have ultimately recovered at home.

"Among the seventeen removed without mental improvement, were eleven whose disease was regarded as irremediable at time of admission.

"The various deaths may be attributed to general paralysis in one case; to phthisis in three; to chronic bronchitis of old age in one; to inanition in two; to apoplexy in two; to epilepsy in one; to acute inflammation of the brain in two; to chronic disease of the brain in three; to dropsy of the chest in one; to exhaustion after dysentery in one; to carbuncle of the face in one. The remaining case was one of self-destruction by drowning. The patient, while walking out with others, eloped, and his body was subsequently found in the river. He had not been suspected of suicidal intentions by his family, and during a residence of three months at the asylum had given no indication of such propensity."

Dr. Brown incidentally refers to the serious difficulties arising from the separation of the buildings of the institution, in the removal of patients from one to another when required by the exigencies of disease, and also in the supply of food to the lodges during storms or severe cold, and considers that almost any means of connecting the edifices which would secure protection in such cases would be valuable. There are many other inconveniences, beside those enumerated by Dr. Brown, which those advocating detached buildings would do well to consider.

VII. *The Report of the Resident Physician of the New York City Lunatic Asylum, Blackwell's Island, for the year 1856.* New York, 1857.

In the above, the tenth annual report of Dr. Ranney, are presented, not only the usual statistics, but those also of the ten years immediately preceding. The whole constitutes a valuable contribution to the statistics of the treatment of mental disease, to which we hope to refer more fully at some future time. The ratio of deaths, seven per cent., during the past year, is in gratifying contrast with the thirteen per cent. of the preceding nine years.

	Males.	Females.	Total.
Remaining Jan. 1st, 1856,.....	238	335	573
Admitted during the year,.....	149	217	366
Whole number treated,.....	387	552	939
Discharged recovered,.....			174
" improved,.....			81
" unimproved,.....			21
Died,.....	32	34	66
Total number discharged,.....	135	207	342
Remaining Dec. 31st, 1856,.....	252	345	597

"The recoveries as compared with the admissions, amount to about fifty-in a hundred. Sixty-six patients died during the year, making the mortality seven per cent. of the whole number (939,) under treatment. This per centage is smaller than that of any previous year; the average mortality of the past ten years having been thirteen per cent. Although the general mortality has been so much diminished, yet, in a few diseases there has been a decided increase, especially in that known as "Paralysis Generale." This fatal disease, which but a few years ago was described as rare, has increased to such an extent in the city, as to have been the cause of nearly one-fourth of all the deaths in the asylum the past year. It seems to result from a disorganizing and softening of the cortical portion of the brain, involving, if the disease be protracted, the medullary substance. Almost universally certain in its results, its victim seldom survives a longer period than two years after the first symptoms are exhibited. Indeed, so fatal is it in its character, that in no case have I seen recovery follow, where the symptoms were sufficiently well marked as not to admit of doubt. High living, late hours, and strong mental excitement, combined, have been considered the most frequent causes of this disease."

From the mortuary table it appears, that consumption was attributed as a cause of death in eighteen cases; paralysis generale in fifteen;

chronic diarrhœa in six; dysentery in three; acute meningitis, old age, typhomania, delirium tremens, and apoplexy, each in two. One case proved fatal from each of the following: erysipelas, diarrhœa, typhus fever, congestio cerebri, ascites, softening of the brain, hemiplegia, gangrene of lungs, purpura hemorrhagica, serous apoplexy, epilepsy, hemorrhage of the spleen, aneurism of the internal iliac artery, and dropsy.

VIII. *Fourteenth Annual Report of the Managers of the State Lunatic Asylum, at Utica. Transmitted to the Legislature, January 7th, 1857. Albany, N. Y., 1857.*

The large number of patients treated at this institution, and the acute nature of a great proportion of the cases, attaches to its yearly history no ordinary professional interest. Dr. Gray's report is as usual very complete, and is accompanied by full and carefully arranged statistical tables.

The results of treatment are as follows:

	Males.	Females.	Total.
Remaining Nov. 30th, 1855,	230	225	455
Admitted during the year,	141	101	242
Whole number treated,	371	326	697
Discharged recovered,	59	41	100
" improved,	20	13	33
" unimproved,	32	33	65
Not insane,	7	1	8
Died,	22	8	30
Total discharged,	140	96	236
Remaining, Nov. 30th, 1856,	231	230	461

Among the admissions for the year were sixty-one cases of acute mania, eighteen of sub-acute mania, twenty of periodic mania, fifteen of melancholia, and ninety-six of the various forms of dementia. In the table of causes, ill-health occupies the first position, and immediately following it we find in order, intemperance and vice, vicious habits and indulgences, excessive labor and anxiety, and domestic trouble. Hereditary predisposition was directly traceable in 29.75 per cent of those admitted. In twenty-eight cases it was received from the paternal, and in thirty-five from the maternal branch of the family. Of one hundred cases of recovery, thirty-nine were from attacks of acute mania, and eighteen from dementia.

The annexed very concise table shows the form of insanity, and the accompanying bodily disease in the cases terminating fatally:

FORM OF MENTAL DISEASE.	CAUSE OF DEATH.														Malaria cachexia.		Chronic nephritis.		Fibr. concrep. of heart.		Ovarian dropsy.		Re-mittent fever.		Gangrene of lung.		Old age.		Total.	
	M	F	M	M	M	M	F	M	F	M	M	F	M	F	M	F	M	F	M	F	F	F	F	F	F	M	F			
Acute mania,	3	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1
Sub-acute Mania, . . . . .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Chronic mania, . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Dementia,	3	..	2	..	1	1	2	2	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	10	5
Senile Dementia, . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
General paralysis, . . . . .	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..
Delirium of disease, . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Epilepsy, . . . . .	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
	6	1	6	2	1	1	3	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22	8					

The general health of the household was remarkably good throughout the year. A striking contrast was again observed in the general standard of health among attendants as well as patients in the part of the asylum ventilated by the fan, and the portion to which this improvement had not been extended. The proportion of diseases having their origin more particularly in impure atmospheric conditions, in the male and female departments, appears from the annexed statistics:

Male Department.	Female Department.
Continued fever,	17
Intermittent fever,	4
Erysipelas,	4
Dysentery,	6
Continued fever,	6
Intermittent fever,	2
Erysipelas,	1
Simple fever,	3
Dysentery,	1

Apropos to the above is the following extract:

"The experience of another year, under peculiarly favorable circumstances for observation, has further demonstrated the superiority over all others of the system of ventilation adopted and in use in the south wing. In the two departments of the institution, the north and south wings, identical in situation,

size, relative position and general arrangement, we have had an opportunity of witnessing in operation, side by side, two systems of ventilation. In the former a system of ventilation dependent upon the spontaneous action of warm air currents, and in the latter one in which we rely solely upon the action of a fan. With the same number of patients, of similar peculiarities of life and habit in each department, no better occasion could possibly be desired for testing the comparative merits of the two systems.

"Though ventilation in the north wing has been good, when compared with that of most public institutions, still, by reference to the list of diseases prevalent in the respective wings as presented upon a previous page, a very striking disproportion is observed. The almost entire immunity of the female patients from those diseases incident to atmospheric impurity is certainly a very important fact. Nothing further than the experience of the past year alone is necessary to prove the entire efficiency of this system, and the wisdom of the expenditure incurred in securing its adoption."

IX. Annual Reports of the Officers of the New Jersey State Lunatic Asylum, for the year 1856. Trenton, N. J., 1857.

Dr. Buttolph's report for 1856 is unusually brief. Forty-nine more cases were treated than during any previous year; and the results of treatment as shown by the number of those discharged recovered and improved, is most gratifying. The general statistics are as follows:

	Males.	Females.	Total.
Remaining Dec. 31st, 1855,.....	107	126	233
Admitted during the year,.....	80	88	168
Whole number treated,.....	187	214	401
Discharged recovered,.....	31	42	73
" improved,.....	16	18	34
" unimproved,.....	2	1	3
Escaped,.....	1		1
Died,.....	13	14	27
Total discharged,.....	63	75	138
Remaining Dec. 31st, 1856,.....	124	139	263

"The number of deaths was comparatively large, from its frequent occurrence from general exhaustion and consumption, in chronic cases of insanity of long standing; about two-thirds of the whole number being of this character."

X. Fortieth annual Report on the state of the Asylum for the Relief of Persons deprived of the Use of their Reason. Philadelphia, Pa.

1857.

The number of patients who have resided in the Asylum, and the number discharged restored, has been greater than for several preceding years. Alterations have been made in the interior of the building, and increased facilities provided for the medical and moral treatment of the patients, and at no previous period of its history, has the institution been more completely furnished with all the means necessary for carrying out an efficient system of treatment.

The statistics presented by Dr. Worthington are as follows:

	Males.	Females.	Total.
Remaining 1st of Third month, 1856,.....	34	32	66
Admitted during the year,.....	20	16	36
Whole number treated,.....	54	48	102
Discharged restored,.....	21		
" much improved,.....	2		
" improved,.....	5		
" stationary,.....	7		
Died,.....	9	6	3
Total discharged,.....	44		44
Remaining 1st of Third month, 1857,.....			58

In reference to the form of insanity in those received, Dr. Worthington remarks:

"In the nomenclature of the disease, I have preferred retaining the generic names of mania, monomania, melancholia, and dementia; rather than adopting a more minute sub-division, which, however it may appear more scientific than the older method, scarcely answers as well all the purposes of classification. If these terms do not express accurately the nature of the disease, they are as it were consecrated by long established usage, and have at least the merit of being intelligible. It is difficult, sometimes at first, to decide under which of the above heads a given case shall be classed, from the fact of the changing phases of the disease;—a case occasionally in its progress, exhibiting the character of two or more of the above forms. Thus a patient affected with monomania, under some real or imaginary provocation, will break out into the excitement and violent acts of mania; the depression of melancholia, though essentially distinct, in some cases bears a close resemblance to the inertia of dementia; some of the demented are subject to paroxysms of maniacal excitement; and even the deep dejection of melancholia, alternates in some instances with the elevation of self-pleasing [monomania].

These changes show that the above names do not indicate so many distinct diseases, but rather varying forms of one and the same disorder. Yet in most of these cases, there are predominant features which assign the patient to one of the above forms in preference to the rest. One reason for the above classification of insanity, is the avoidance of the term "moral insanity," which has been so greatly misunderstood and perverted, that it would perhaps have been better had it never been invented. As generally understood, this term conveys the idea of a condition in which patients, without any impairment of their mental integrity, are so much under the control of some evil propensity, as to be utterly powerless to resist it, and consequently irresponsible for any act committed under its influence. There may be cases of insanity, in which a disposition to immoral conduct is conspicuous, and in which mental disorder may not be very apparent; yet to say that the indulgence of this disposition is of itself any evidence of the disease called insanity, shows very confused ideas on the subject. The habitual indulgence of bad passions may lead to insanity, but when this condition is reached, it is manifested by other signs of mental impairment, than mere inability to resist them."

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XI. *Annual Report of the Trustees and Superintendent of the State Lunatic Hospital of Pennsylvania. Harrisburgh, Pa., 1857.*

From causes connected in part, perhaps, with the insufficient means for the supply of water, the hospital was visited during the year by two epidemics of a serious character. On the 1st of July, dysentery, which had prevailed extensively in the neighborhood of the institution, made its appearance and continued for six weeks, at the end of which time, it disappeared almost as suddenly as it had appeared. Eighty-four patients and fourteen officers and attendants were attacked, and nine patients and one attendant died. The mortality among the patients was confined to those who had suffered from mental derangement for a long time.

Late in the year another epidemic extended from the surrounding community to the inmates of the hospital, which presented many features of an anomalous character. "Commencing as a violent inflammation of the fauces, in several cases it extended so as to include all the glands of the throat and mouth, with the tongue, so as entirely to prevent articulation, and even deglutition, but gradually subsiding in the course of a few days; in others, as the violence of the inflammation of the fauces abated, erysipelas of the face appeared, involving the whole head; and in others, again, the affection was confined entirely to the fauces, and was quite obstinate. During the same period, a disposition to the formation of large, very painful boils on every part

of the body, very tedious in their course and in healing, prevailed very generally."

Nevertheless, even under these untoward circumstances, the results of treatment are satisfactory, and reflect much credit upon the skill and attention of the medical officers.

The following statistics are presented:

	Males.	Females.	Total.
Remaining Dec. 31st, 1855,.....	138	112	250
Admitted during the year,.....	74	55	129
Whole number treated,.....	212	167	379
Discharged restored,.....	25		
" improved,.....	35		
" stationary,.....	54		
Died,.....	32		
Total discharged,.....	82	64	146
Remaining Dec. 31st, 1856,.....	130	103	233

"The cause of death in sixteen cases was the exhaustion of chronic mania; in nine cases, dysentery; in one case, suicide; in two cases, inflammation of the lungs; in one case, chronic bronchitis; in two cases, erysipelas, following violent inflammation of the throat; and in one case, acute mania."

Dr. Curwen's report is full and interesting, and contains much of moment to which we would be pleased to refer did our limits permit.

XII. *Report of the Eastern Lunatic Asylum, in the City of Williamsburg, Virginia, 1855-6 and 1856-7.* Richmond, Va. 1857.

The larger portion of this report is devoted to the consideration of topics in noticing which, on this occasion, we could do justice neither to the subject nor the author. The readers of Dr. Galt's reports are familiar with his views in reference to certain essential changes in the present system of asylum treatment for the insane. The prominent features in the reform advocated are supplementary erections of a domestic character, near the central institution; the boarding out of selected patients with suitable families; extending to certain others leave of absence on parole, with the view of having them find employment upon adjacent farms, or form other engagements of an analogous character, though still remaining under the treatment and supervision of the superintendent; and a modification of the scheme of "colonization."

Among the considerations leading to the adoption of these views, is the questionable influence of the association of one diseased mind with another; and that the seclusion of the insane, under the existing plan of management is of too monastic a character. The ends particularly aimed at, are, greater freedom to the insane, the removal of the interdiction of association with the public, and the establishment of means whereby the accustomed life of the lunatic shall be less essentially at variance with that pertaining to persons generally of sound mind.

The recognition of the imperfections of the present plan of management, and the reform their abandonment would initiate, it is maintained, will constitute a third revolution in the annals of insanity;—the first, the result of the memorable efforts of Tuke and Pinel,—the second, dating with the entire disuse of restraint and seclusion at the Lincoln Lunatic Asylum,—the third, “and yet more noble,—one in which not only the lonely cell and the irritating strait waistcoat will be done away with, but where the insane will be restored to the condition of human beings, and there will ensue a final abolition of all the badges of a degrading inferiority.”

We have given the author's views briefly, and as nearly as possible in his own words. His long experience in the profession in itself attaches weight to whatever he may suggest in relation to the treatment of the insane; and aside from the importance of the subject, the earnestness with which he writes, and the fact that similar views have since been as warmly advocated in two leading trans-Atlantic publications, require a more careful and extended review of the whole matter, than our limits in the present number of the JOURNAL allow us to give. We can only say, that any institution of the present day whose inmates are treated as “senseless atoms,” are subjected to “a daily routine proceeding with the inexorable, monotonous motion of a machine,” and are invested with any “badges of a degrading inferiority,” is far behind even the *spirit* of the age. If failing to give to each and every patient the greatest freedom his mental condition will allow; the full amount of occupation and amusement his case, whether under curative or custodial care, requires; and the character of association his comfort and restoration demands, it has not reached the present standard, and does not embody the principles of construction, organization, and management, almost unanimously adopted by the profession in this country. The fault is in the institution, and not in the *system*.

The present report presents the history of the operations of the institution for the two years ending September 30th, 1857. The statistics for this period, as we are enabled to arrange them from the general table, are as follows :

	Males.	Females.	Total.
Remaining Oct. 1st, 1855,	128	104	232
Admitted during the two years,	100	61	161
Whole number treated,	228	165	393
Discharged recovered,	20	12	32
" convalescent,	3	5	8
" improved,	6	10	16
" stationary,	6	3	9
Eloped,	2		2
Died,	44	25	69
Total discharged,	81	55	136
Remaining, Sept. 30th, 1857,	147	110	257

XIII. Report of the President and Directors of the Western Lunatic Asylum, at Staunton, Virginia, for the fiscal years, 1855-6, and 1856-7. Richmond, Va.

The crowded condition of the Western Lunatic Asylum, has necessitated, during the period embraced in this report, the rejection of more than three hundred and fifty applications for admission. The importance of making additional provision for the insane in the State, is strongly urged upon the legislature, both by the medical superintendent, and the board of directors. Dr. Stribling advises against the enlargement of the present asylums, believing that it would be far better to erect one, or if need be, two, additional institutions.

Within the last two years, the Western Asylum has, on two occasions, been so unfortunate as to have portions of its buildings seriously damaged by fire. In Nov. 1855, a small detached building, designed for about sixteen female patients of the most disturbed class, was burned. In the October following the building occupied by a similar number, and corresponding class of male patients, was also destroyed. On an investigation into the causes of these calamities, the first was found traceable to a defective chimney. The second was involved in more mystery; but circumstances justified the suspicion that it was the work of an incendiary, and he a patient in the institution. Dr.

Stribling is under the impression that the first fire proved suggestive, and led to an act which otherwise might not have been thought of; he apprehends also, that other diseased minds in the establishment were similarly influenced by the last conflagration, and that the danger of a recurrence of the catastrophe was thereby greatly increased.

The general statistics of the institution for the two years ending Sept. 30th, 1857, are as follows:

	Males.	Females.	Total.
Remaining Oct. 1st, 1855,	226	162	388
Admitted during the two years,	81	55	136
Whole number treated,	307	217	524
Discharged recovered,	29	33	62
" much improved,	7	5	12
" improved,	5	2	7
" unimproved,	3	2	5
Eloped,	3		3
Died,	32	14	46
Total discharged,	79	56	135
Remaining Sept. 30th, 1857,	228	161	389

The causes of death in cases terminating fatally, were as follows: marasmus, twenty; phthisis pulmonalis, four; disease of the heart, and paralysis, each three; suicide, epilepsy, diarrhea, and hydrothorax, each two; general dropsy, cancer of the breast, hemoptysis, abscess of the thigh, chronic diarrhea, typhoid fever, cerebral disease, and apoplexy, each one.

In closing this brief notice, we find much pleasure in presenting the following extract from the report of the board of directors. It is a gratifying evidence of the high estimation of Dr. Stribling's services, not only by the board with whom he is more intimately associated, but also by the citizens of the State, of one of whose great charities he has so long been the faithful dispenser.

" During the latter part of the last year, our well-known physician and superintendent, Dr. Francis T. Stribling, having conceived a wish to return to the general practice of his profession, tendered a resignation of his office in the asylum, to take effect on the first of January last. The board heard of this determination with profound regret, both personal and official; and to convey to Dr. Stribling, in a lasting form, their sense of his "long and faithful services to the State, and invaluable benefactions to afflicted humanity," they resolved to present him with a piece of plate in token thereof. This res-

olution was subsequently carried into effect, not, however, before urgent solicitations from all quarters of the State—and many of them of a most affecting character, from those who had themselves been objects of his care—had induced him to abandon his intention of severing his connection with the asylum; and the board have thus the gratification of feeling that a tribute, which at one time they feared was to crown the period of his services to the State, now serves but to mark a point in his career of public usefulness."

THE LATE DR. BOOTH.

CHAUNCEY BOOTH, M. D., Physician and Superintendent of the McLenn Asylum for the Insane, near Boston, Mass., died at that institution, on the 12th January last, aged 41.

Dr. Booth had suffered under marked pulmonary disease ever since the winter of 1850-51. Cavities in one lung were distinctly diagnosed almost as far back as that date, and the evidences of slow but continuous progress were manifest until the scene closed. If there were ever an unequivocal example of will-power in suspending and retarding the certain march of phthisis, it was in this case. Looking his symptoms directly in the face, he seemed to feel that he had an enemy to be met, and that every foot of ground was to be contested with him. As brave as any hero who ever faced the cannon's mouth, he never allowed his stern and unrelenting foe to gain upon him by intimidation. He kept coolly at work, subverting the approach of the enemy by every strategic means which science and experience furnished to his aid, but no panic, no disheartening yielding ever lost him an inch in the contest. And as if to determine the victory in favor of the unintimidated contestant, phthisis did *not* win its usually easy and certain triumph. Two months before Dr. Booth's decease, when the consumptive symptoms had scarcely a more prominent place than they had had for some six or eight years, Bright's disease set in with its distinct features. The secretion of the kidneys indicated an albuminous loading to a high degree. Subjected to the action of heat or acids, the urine remained no longer a liquid. The noble victim recognized the fatal weight of this unexpected ally, and calmly yielded to the overwhelming forces of the combined enemy!

It is difficult to speak of the close of such a life and its incidents, without passing from the merely professional into the domains of the religious and domestic associations of the individual. Suffice it to say in this connection, that Dr. Booth was an exception in many particulars to a very uniform experience of most even good and well disciplined minds, in an ability to meet whatever was before him with perfect self-command, which it is very difficult adequately to explain. For example: Dr. Jackson, the venerable and honored Nestor of New England medicine, in one of his *Essays*, filled with wisdom which no experience of less than half a century could have furnished, speaking of pulmonary hemorrhage, remarks that the stoutest heart "quails" before its awful presence. The experience, professional and personal, of the writer of these hasty memorials, accords most fully in this as a *symptom of disease*, just as the aversion to hear an allusion to epilepsy marks that helpless malady, or the illusive anticipation of recovery accompanies phthisis. Yet Dr. Booth would pass hours of the night in ejecting the vital fluid from the very centre of life, and the next morning arise in cheerful readiness to begin the duties of the day! Yet here was neither the pressure of necessity to stimulate to the effort of standing at his post, such as compelled the lamented Godman to work until the pen dropped from his fingers in death, in the necessities of a dependent family, nor the blindings of self-deception, or of ignorance as to the signification of the call,—for no man had a more distinguishing common sense as to the true interpretation of symptoms in himself or another than had Dr. Booth.

The immediate approach to death was met in the same spirit which had marked the entire onward march of the enemy. There was neither bravado, nor boast, nor affected indifference. He set his house in order as deliberately as one arranges for a distant journey, and when the last moments were approaching, he desired that his only child, a boy of some seven or eight summers, weeping at the scene, should be removed so as to escape the lasting impression of the physical effects of the struggle "*in articulo mortis*."

Ordinarily nothing could be in worse taste, in addressing those of his brethren who belong to so many forms of Christian faith, than to dwell on the last exercises of one closing life. But were this the place to enter into a full detail, it could not fail to hold the attention in absolute control, of every one, at least, of those who knew the man,—of every individual of the Association of Superintendents of American Institutions for the Insane.

Dr. Booth had been a member of that Association for only the bare space of a couple of years, for less than that period had elapsed since he had succeeded his friend, Dr. Bell, at the McLean Asylum. Yet few men in the specialty were better known than he. As the assistant at three extensive hospitals, and familiar with the whole history of the insane and their institutions, there were few whom he not seen and known of all who had entered our "gentle craft," and there can be no one of all who had seen him, no matter how distant their charge, or brief their acquaintance, who did not and who does not hold him in dear remembrance. The heads of his institutions, no matter whether at Brattleboro, or Augusta, or Boston, were necessarily overclouded with cares, which forbade any thing beyond a kind and cheerful reception to the visitants. *They* might well be parted with, as very civil, respectful, but distant gentlemen, but *him*,—the witty, companionable, generous second-in-command, who ever forgot *him*? While never uttering a comparison amongst those whom it had been his fortune to follow, the neophyte just entering upon the severe and stern duties of hospital supervision felt, as well he might, that in the lieutenant, was comprised the essence of what was worth learning in the various chiefs! And to the truthfulness, the discrimination, the generosity of that tried and trusted second, no more honorable tribute can be paid than obtains in the avowal, that no more honored and honoring friends existed in life, than those whom he had long and faithfully served in years of coadjutorship, and no deeper mourners followed him to his tomb!

Dr. Booth had served, as has been stated, only two years as principal of an institution. At the time of Dr. Bell's relinquishing his post, the question of Dr. Booth's health was prominent. The trustees were in doubt whether he ought to be tempted to shorten his already prescribed existence, by the assumption of these grave and severe responsibilities. He looked at his duty with the same eye, and decided to accept the charge. At the close of life he did not regret his decision, being persuaded that it had not shortened his time "much, if any."

He did not leave much for the literature of our specialty. How could he have done so? Beginning our work at twenty years of age, he labored without intermission with us to the close, and he never, until the last two years when every moment was crowded with duties, would have consented to put himself forward as an instructor of others.

And this modesty was perfectly sincere. In 1847 he drew up, and

that only by request, an account of an epidemic dysentery of some eighty cases at the Asylum, which commanded the highest encomiums of the late Dr. Fisher, the best pathologist of his time and place. Dr. Booth's only Hospital Report will stand as a bright memorial of what the man *was*, while as the Trustees in their Report of the present year indicate, his papers in their files demonstrate what he *would have been* as chief of a great hospital for the insane.

Our brethren of the Association of Superintendents (and such has been the real fraternity amongst them that no idea of *cant* seems included in this appellation,) may feel surprised that a striking one of the personal features of our deceased friend has not had an earlier prominence,—his eminent, social, genial wit, an instinctive power of seizing and grouping together the most unexpected and incongruous images, all most telling and illustrative of the subject-matter in point, yet unlike the almost inseparable incident of the ordinary possession of this dangerous gift, never leaving behind one sting, or a single allusion which any party could repeat. Wit, to be genuine, must be an off-handed, ready-made article of conversation. To be effective, it must be delivered on the instant. If waited for to see whose visage it may emblazon, its spirit is spent, and it becomes stale and flat. It was a mystery with those who knew our friend, how he could continually deliver the shafts of a keen and ready satire, a delicate and refined humor, and yet never leave a wound. His hardest shaft left only a pleasant titillation, enjoyed alike by him who gave and him who received the gilded and perfumed arrow!

The explanation of this is however not impossible. The wit was natural, spontaneous, a part and parcel of his individuality, while from a being so gentle, so void of malignancy, so incapable of thinking evil, poison was impracticable. He went on through life, not merely "without an enemy," giving the idea in its stale and well-worn phrase, but absolutely without a suspicion of what an enemy might be. He had never crossed any one's path. He had been all his life trying to do good. If his efforts failed he was sorry, and laughed and was sorry again; if he succeeded, he laughed and was glad. There was no room for a rational enmity, and he had so dealt with mistakes and delusions all the days of his life with men, that he could not be troubled by them whether in the sane or insane.

A remarkable feature of Dr. Booth's character was, that while he had never been "in the world," he had as complete and sagacious an

idea of its entire system, as if he had plunged into the perplexities of trade, the struggles of ambition, and the debasement of the passions. He passed from the pure circle of the family of a Connecticut clergyman, the father as marked for a holy simplicity, as the mother was for the traits which characterized the son, into the wards of a great lunatic hospital, thence to another, thence to a third, and thence—to his reward! No man of the age of forty, in this community, can be found on search, who ever passed so few days away from the immediate field of his daily duty. It may be questioned if he were ever at a theatre, a concert, or any great crowd or assembly in his life,—unless *he was deputed, or had volunteered to be there* to wait upon some who would be interested or amused or benefitted by such diversion. The fashionable world was an unknown one to him personally. Yet it would be difficult to find one most experienced in “life,” who could have instructed him in either the motives, or the feelings, or the manners, of those most deeply engrossed in that world, and all its avocations of pleasure, selfishness and recklessness.

Like all other men devoted to one absorbing pursuit, he had his own pet pleasures, his peculiar side avocations, to which he loved to steal after every call of duty was over, and in the stillness of the household fireside. Yet few men probably of that great company of those who knew him in the same pursuits as themselves, could probably ever have conjectured wherein that specific taste would have shown itself. It was in the study of the ecclesiastical history of New England. While no man was more ready to expend a keen wit and happy satire over the records of the parish disputes and ecclesiastic controversies, contingent on the era of the superseding the coercive by the voluntary system of clerical support, yet to no man had these stories a charm so overpowering. Often was the aged visitor, calling to inquire as to the progress of some unfortunate niece or grand-child, amazed to find, as the conversation turned upon his own parish or town, that he was reminded of a whole circle of incidents, secrets and persons, of which he might have imagined himself the sole surviving depositary.

To some it might seem strange that a mind of so much native power and trained in pursuits so remote, should have felt a proclivity for so quaint and useless research. But there were circumstances in his personal history which duly explain any obscurity in the origin of such tastes, even if it were not notorious that all who are engaged in the stern and absorbing duties of dealing with the insane, must have some

alternate pursuits, and that perhaps preferably, the most widely removed possible from the great business of their lives. Dr. Booth was a Christian, if any man can claim that holy appellation. He lived and he died as an avowed one. Yet he was a member of no church. As he remarked to the clergyman, whose ministrations he attended, and to whom he was a most devoted friend and a zealous parochial officer, his place was "in the outer porch." He has already heard the voice, "Come up higher!"

But to return to what, if less grateful than a consideration of his personal traits to those who knew the man, is more properly becoming such a place as this in which to present him to those engaged in a common pursuit,—Dr. Booth's strong points as the head of a lunatic hospital. As before suggested, an absolute identification with the insane was prominent in him. If not born within hospital walls, he had passed his whole actual life within them, and never seemed to dream of being anywhere else. No man seemed so perfectly to enter into the insane nature of those around him. When he addressed them, his language, if caught, and penciled down, would often have read as extravagantly and strangely as their discourse to him, yet it never failed to meet the exact response required. The patient was gratified and satisfied, and if reflection supervened, which it probably did not often, the sufferer could not recall just what it was that had pleased him. Yet he knew that the manner was kind, the voice gentle, and that it left him "all pleased."

This concentration in the insane patient's case, was irresistibly recognized by the many friends of every inmate, which were to be found in the institution under his charge. Every one of these immediately recognized the fact that Dr. Booth knew more of their afflicted relatives' inner feelings than they themselves did. They needed no better demonstration than this, that the *great* case to them, was not lost and forgotten in the multitude having equal claims upon him. They were encouraged and reconciled to the necessities of patient waiting and self-denial, because of this thorough and interior knowledge of their patient, on the part of their guide. The tone, which was habitually cheerful, gay, and encouraging where there was hope, was solemn, earnest, but no less kind, where expectation of reason or life could not be honestly held out. What his manner might have been under the slights, and insults, and misconceptions to which all hospital directors must be occasionally subjected, can scarcely be described from experi-

ence. Reasoning from what is known to what is not, it may be safely judged that he would have evinced under the provocation of the unreasonable, the ignorant, or the malignant, merely a capacity for silence. He never would have permitted his peace of mind to be broken in upon by any such opponents.

Buried with him in the quiet shades of the Cemetery of Mount Auburn, was no common measure of that mighty talent of dealing with the insane mind, which, as was well observed by one of the great masters of our art, "can be acquired, but never can be communicated. It must die with its possessor." There is a mysterious Providence in that destiny, which bears away in the midst of life and full usefulness, those whose places can scarcely be filled.

The events of Dr. Booth's illness and decease would well indicate the hold he had on the community in which he lived. For the last month or two of his life, and after his mind had been relieved from all concern as to the duties of the Asylum by a return there, for the occasion, of his predecessor, his chamber was daily thronged by a succession of friends, to whom it had lost every idea of being a chamber of death. He enjoyed their presence, as they enjoyed his, and each felt that there was no mere conventional ceremony in his wish for them to stay, and to return, or their readiness to do so. If there ever were a death-bed nearer to what we should conceive that of a Christian Socrates, it must have fallen under the observation of some of wider experience and longer life than his, who pens this brief and imperfect memorial.

L. V. B.

The Hand-Book of Household Science: a Popular Account of Heat, Light, Air, Aliment, and Cleansing, in their scientific principles and domestic applications. By Edward L. Youmans. New York: Appleton & Co.

There can be no doubt that the popular rendering of scientific truth is a task demanding greater talent and learning in its performance than has usually been given it. That a matter of the first importance should so long have been left to mere literary hacks with scarcely the first principles of the science they attempt, or the one-idea men, who develop some casual hypothesis connected with it to the foremost rank of

its facts, must be as unnecessary as it has certainly been unfortunate. We could not, of course, expect those who have labored long in experiment and research to become the lapidaries to the gems they have struck out from nature, for the common mind, or the machinery of common life. The work belongs to a class of middle-men, between those who investigate and those who apply; a class who can not only discriminate the proved from the hypothetical in their own specialty, but who know also the relations and limits of the different branches of knowledge. Of this class is the author of the *Hand-Book of Household Science*.

Up to a very recent day we could only have expected to find in a book bearing a similar title a mass of wild theories and false facts, teaching every man to be his own architect, artisan, doctor, and divine. Instead of which we have a thorough digest of the most recent and best established facts from almost every department of natural science, bearing upon the phenomena of household life. In view of the great confusion created in the popular notions of physical science by this mingling of hypothesis and fact, the author has, we see, been quite as careful to point out what we do *not* know as what we do. What we do not know, especially of that which the public has been taught as physiology and "vital chemistry," so largely concerned in household life, we regard as of the first importance to unlearn. All that is really known, and even all that is entertained as hypothesis by the mass of scientific men of the physiological effects of the common foods and beverages, for instance, may be stated in a very few words. Here has been a notable field of popular vagary and charlatany, and Mr. Youmans' excellent chapter on the subject is a sample of the learning and discretion that have been bestowed upon the book.

We may specify also the paragraphs in which heating, together with ventilation and illumination are discussed. A great deal has been written and said upon the subject, that the conclusions of science do not warrant, and which the results of experience will not admit. The author gives much the best popular exposition of what is *known* of the matter that we have yet seen. Though complete in all its relations with physiology, chemistry, and physics, and including thorough practical details, it is written in a few pages of concise and lucid text. The paragraphs treating of the morbid effects of impure air in bodily and mental disorder are especially appropriate and correct.

S U M M A R Y.

REBUILDING OF THE ASYLUM AT UTICA.—After the destruction by fire, of the central edifice of the N. Y. State Lunatic Asylum, in July last, the Board of Managers, under the advice of the Governor, immediately commenced the work of its re-construction. All the interior walls and the roof were completed, and the building enclosed, in October last. Early during the present session of the Legislature, a bill was passed (with only two or three negative votes,) appropriating sixty-eight thousand seven hundred and forty-two dollars, for rebuilding the centre, and the barn, and repairing the damaged portions of the wings; that being the sum asked for by the managers. This prompt and generous action by the Legislature, affords another illustration of the liberality of the people of this State, in sustaining their charitable institutions; and is, at the same time, gratifying evidence of their appreciation of the benefits of the institution, and of their confidence in its management. A part of the building is already occupied, and the whole will be ready for occupation by the first day of May next.

William Spiers, the incendiary, who caused this calamity, was tried, and convicted of arson, at the last Court of Oyer and Terminer, in Oneida County, and sentenced to ten years and three months imprisonment in the State Prison at Auburn.

IDIOTS, or imperfectly formed human beings, have existed in all ages, of course, because man's physical condition has never yet obtained the fullness of its perfection. Their very existence implies sin against the natural laws; but the sin implies possible righteousness. Awakened consciousness of sin is the first step toward repentance—repentance to reform. A truly wise and good people, abiding by God's laws, would beget no idiots.

The treatment of this long suffering class in different ages, and among various people, would, if written out, make a dark and sad page of human history. But one may find hope written even there, for men love more than they know. Charity is ever groping ahead, and as fast as knowledge lights the path, she gathers up the outcast, nor longer

permits them to be exposed to the wild beasts upon the mountain, or thrown to the fishes in the river.

The very name idiot, implying as it does social isolation and desolation, was given to this class by those polished heathen, whose only standard of worth was knowledge and beauty, and it proves that they were regarded as outcasts from the human family. Christianity took them home; but not understanding the comprehensiveness of her Master's idea of "little ones," she kept them out of sight, in garrets and sheds, where for the most part, they still are. Now, however, that experience shows them to be capable of improvement, their claim for tender care and nurture will be admitted in all civilized countries; in some sooner, in others later, according as the progress of the people in true Christianity makes them feel that wealth and privileges imply duties and obligations.—*From Dr. S. G. Howe's Report of the Mass. School for Idiots and Feeble-Minded Youth.*

M. BRIQUET ON HYSTERIA.—The observations of this writer, as recorded in three late numbers of *L'Union Medicale*, go to disprove even the little which others have ventured to assert, with any degree of confidence, concerning hysteria. He denies the existence of any "hysterical constitution," by which is meant a characteristic physical conformation; of any distinctive temperament; of any special liability to it of the wealthy and idle; of any proof than continence is even a negative cause; and also of any probable relations between this disease, and affections of the uterus, or menstrual derangements. A well-marked moral disposition is stated to be found in very general connection with hysterical phenomena. This is called *impressionability*, "fore-shadowed in childhood by great timidity, excessive susceptibility to blame, and a disposition to shed tears easily."

The data from which these conclusions are drawn, are about four hundred cases of the disease. Of these we should infer that the greater portion were found in hospital and charitable institutions. This, if correct, would of course detract from the value of M. Briquet's conclusions, especially in regard to the mode of life, and the question of continence, in the subjects of hysteria in general. The "hysterical constitution" and the "hysterical temperament," in the proper scientific meaning of these two substantives, we have always regarded as the fiction of a too refined terminology. It is not easy to see, however, from the cases given, the manner in which M. Briquet's conclusions in

the denial of any inter-connection between uterine maladies and hysterical affections have been reached. The mass of professional experience, we are persuaded, goes to render more certain the old theory in this matter.

INSANITY AND CRIME.—The Courts of Law constantly afford proofs that among young children there is a form of insanity which, beginning in what might be termed mischief-disease, ends in offences against human life of the most fearful kind. The newspapers, this week, afford some examples of offences of this kind, committed apparently without the slightest provocation. The first and most extraordinary instance, we find quoted in a continental journal. A little boy, not more than nine years of age, having enticed five of his companions into a large box, shut the cover down, and sat cross-legged upon it, seeming to enjoy the groans of his expiring playmates. After he had discovered by inspection that they were all dead, he proceeded to a field, and flew his kite, apparently without one pang of remorse for the dreadful murder he had just committed! In the Lambeth police court, on Tuesday, an inquiry took place respecting a similar unpremeditated and unmeaning attack upon human life, made by a lad named James Reynolds, sixteen years of age. It appears that, a fortnight since, he was seen, without the slightest provocation, to take up a child of seven years of age, and throw it into the Surrey canal; and then, as if to make the crime more marked, he went to the person who had charge of the little one, and informed her that it was drowned. The child was fortunately rescued; but the act was completed as far as lay in the power of the lad. We do not know what course will be taken with the perpetrator of the fivefold homicide, for we cannot call it murder; but in the latter case, the lad was fined £5, and in default, two months' hard labor! Now, there can be no manner of doubt that both offenders were laboring under a certain form of madness; and to fine, or to punish them by a slight term of incarceration, is absurd. They should be removed permanently from society; if not, we may expect to hear of a repetition of these fearful acts. It is one of the maxims of law, that it is necessary to prove some motive for the perpetration of an extraordinary offence; but the insane perform the most extraordinary acts without the slightest shade of motive, speaking in a natural sense; and in the latter of these cases we have an apt example of the errors lawyers may commit, unenlightened as they are by the truths of psychological medicine.—*British Medical Journal*, Nov. 21, 1857.

THE DIAGNOSIS OF MENINGITIS TUBERCULOSA.—The cerebral symptoms are frequently not sufficient to make the diagnosis of a cerebral disease certain. Particularly the signs of meningitis tuberculosa are such, that it would be impossible to make an incontestable diagnosis without further elucidation. The diagnosis is generally, by all good authors, considered as certain, if the cerebral symptoms, which, being known to every physician, we need not repeat here, occur in a child with tubercles in the lungs or of tuberculous parents. In this same review there is a case of tubercles in almost every organ where tubercles ever have been met with (III. 3), in which the state of neither of them was ascertained before death. Thus, it appears, that tuberculosis of the lungs may not be found in children who die from meningeal tubercles. This is what Dr. Schwartz lays stress on, adding however, that all his cases occurred in children, who either were tuberculous themselves, or born of parents in whose families tuberculosis was hereditary.—*Jour. für Kinderkrankheiten*,—*N. Y. Jour. of Med.*

DR. HOLMES' BREAKFAST-TABLE LECTURES.—The professional friends of the learned and witty doctor may well be glad on account of the popular appetite which is evinced for the rich morsels of knowledge he has served on the "Breakfast-Table" of the *Atlantic*. For of the great variety of viands furnished, it is evident that none give greater satisfaction to the host or his guests, than the translations from physiological and mental science into the positive terms of modern talk, which the writer so well knows how to make, or borrow from his convenient friends, the "Doctor," and the "Professor." The last entertainment—for April—is especially bountiful in this variety of its supply, and we venture to take two paragraphs from the board.

"—Physiologist and metaphysicians have had their attention turned a good deal of late to the automatic and involuntary actions of the mind. Put an idea into your intelligence and leave it there an hour, a day, a year, without ever having occasion to refer to it. When, at last, you return to it, you do not find it as it was when acquired. It has domiciliated itself, so to speak,—become at home,—entered into relations with your other thoughts, and integrated itself with the whole fabric of the mind."

"—A very simple *intellectual* mechanism answers the necessities of friendship, and even of the most intimate relations of life. If a watch tells us the hour and the minute, we can be content to carry it about with us for a life-time, though it has no second-hand, and is not a repeater, nor a musical watch,—though it is not enamelled nor jew-

elled,—in short, though it has little beyond the wheels required for a trustworthy instrument, added to a good face and a pair of useful hands, The more wheels there are in a watch or a brain, the more trouble they are to take care of. The movements of exaltation which belong to genius are egotistic by their very nature. A calm, clear mind, not subject to the spasms and crises that are so often met with in creative or intensely perceptive natures, is the best basis for love or friendship."

INSANITY AMONG THE JEWS.—An interesting item is in reference to some investigations concerning the prevalence of insanity, and the effects of intermarriage among the British Jews :

The *Jewish Chronicle* says:—"After having carefully sifted and weighed the evidence under our notice, we have arrived at the conclusion—1. That there is no proof whatever that insanity prevails in the community proportionately to a larger extent than amongst the rest of the population. 2. That if it even existed, it could not be the effect of intermarriages. 3. That intermarriages are far from producing those undesirable effects popularly yet erroneously attributed to them. 4. That although there is reason to believe that the amount of insanity in the community does not exceed the proportion which the number of our insular co-religionists bears to that of the rest of the population, the affliction yet prevails to a greater extent than it did comparatively in former years."—*Amer. Medical Monthly.*

DR. JOHN E. TYLER, late Superintendent of the New Hampshire Asylum for the Insane, has been appointed to the same position in the McLean Asylum, at Somerville, Mass., made vacant by the death of the lamented Dr. CHAUNCEY BOOTH.

THIRTEENTH ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—We have received no official notice from the Secretary, but would remind the members of the Association that the next meeting will be held in the city of Quebec, C. E., to commence on the second Tuesday in June, at 10 o'clock, A. M.

CLOSE OF THE VOLUME.—The fifteenth volume of the *JOURNAL* will commence with the next number, for July. It will be printed from new and larger type, and on even better paper than that now used.

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